AD	ı		

Award Number: W81XWH-06-1-0746

TITLE: Microtubule-Associated Protein Expression and Predicting Taxane Response

PRINCIPAL INVESTIGATOR: Maria T. Baquero

CONTRACTING ORGANIZATION: Yale University

New Haven, CT 06520-8023

REPORT DATE: October 2007

TYPE OF REPORT: Annual Summary

PREPARED FOR: U.S. Army Medical Research and Materiel Command

Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

Form Approved REPORT DOCUMENTATION PAGE OMB No. 0704-0188 Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. 1. REPORT DATE 2. REPORT TYPE 3. DATES COVERED 01-10-2007 **Annual Summary** 15 Sep 2006 - 14 Sep 2007 4. TITLE AND SUBTITLE 5a. CONTRACT NUMBER **5b. GRANT NUMBER** Microtubule-Associated Protein Expression and Predicting Taxane Response W81XWH-06-1-0746 **5c. PROGRAM ELEMENT NUMBER** 6. AUTHOR(S) 5d. PROJECT NUMBER 5e. TASK NUMBER Maria T. Baquero 5f. WORK UNIT NUMBER Email: mariateresa.baquero@yale.edu 7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) 8. PERFORMING ORGANIZATION REPORT NUMBER Yale University New Haven, CT 06520-8023 9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) 10. SPONSOR/MONITOR'S ACRONYM(S) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012 11. SPONSOR/MONITOR'S REPORT NUMBER(S) 12. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution Unlimited 13. SUPPLEMENTARY NOTES 14. ABSTRACT We hypothesized that in addition to its predictive value, the microtubule-associated marker tau (MAP-tau) may also function as a prognostic biomarker. The dual functionality of MAP-tau may translate into increased tumor molecular screening information for patients with breast cancer resulting in better treatment options. The results of this work indicate that MAP-tau functions as a prognostic marker for paclitaxel sensitivity when examined using automated quantitative analysis (AQUA) and tissue arrays YTMA 49-5 and YTMA 49-6. Each array contained approximately 750 tumor histospots. This work demonstrates that MAPtau may be useful for further differentiating ER (+) and ER (-) patients and that increased MAP-tau expression in newly diagnosed breast cancer patients is associated with better outcome. Our findings suggest that MAP-tau may be a useful prognostic marker in addition to its predictive value for taxane response.

16. SECURITY CLASSIFICATION OF:

a. REPORT
U

b. ABSTRACT
U

17. LIMITATION
OF ABSTRACT
U

18. NUMBER
OF PAGES
USAMRMC

19a. NAME OF RESPONSIBLE PERSON
USAMRMC

19b. TELEPHONE NUMBER (include area code)

Microtubule-associated proteins (MAPs), MAP-tau, breast cancer, tissue microarrays, biomarkers

15. SUBJECT TERMS

Table of Contents

	<u>Page</u>
Introduction 4	
Body 4	ļ
Key Research Accomplishments9)
Reportable Outcomes10	0
Conclusion10	0
References1	1
Appendices1	2
Appendix A	
Appendix B	
Appendix C	
Appendix D	
Appendix E	
Appendix F	

Introduction

Breast cancer is the leading cause of cancer death in women between the ages of 20 and 59 accounts for more than 31% of all new cancers diagnosed in women and is the leading cause of death for women worldwide [1, 2]. While breast cancer family history is an important risk factor, sporadic cases account for more than 90% of all breast cancers and the etiology of this cancer remains largely unknown [3]. Clinical treatment, such as chemotherapy, currently relies on physical examination, imaging, histopathological information, tumor size, lymph node status, degree of metastasis, and biomarker expression (ER, PR, HER2) [4].

Microtubule stabilizing proteins, such as tau, have begun to gain attention as predictive markers. Tau expression has been found to decrease microtubule vulnerability to taxanes such as *paclitaxel* and its expression makes cells resistant to taxane treatment. Similarly it has recently been shown that low Tau is predictive for response to paclitaxel in breast cancer [5].

Current breast cancer therapy involves the use of taxanes such as paclitaxel and docetaxel [6]. Low tau expression has been shown to be predictive for response to paclitaxel. However, the prognostic value of tau has not been established [5]. This study examined MAP-tau expression in relation to overall patient survival at five years.

Body

In Aim 1 of this project, MAP-tau expression was measured in a large retrospective breast cancer cohort (n=480) with 20 year follow-up using tissue microarray technology and automated quantitative analysis (AQUA). The AQUA system used cytokeratin to define pixels as breast cancer within the array spot, and measured the intensity of tau expression using Cy5 conjugated antibodies. AQUA scores were correlated with clinical and pathologic variables.

MAP-tau showed a normal distribution of expression with high correlation (R= 0.76) between redundant cores. Kaplan-Meier survival analysis with a validated optimal cutpoint showed a five year survival rate of 82% for high expressors versus only a 60% survival rate for low expressors (log rank, P<.0001). High tau expression correlated strongly with negative lymph node status (P = 0.0007). Univariate analysis indicated a protective relationship between tau expression and outcome (OR = 0.625, 95% confidence interval [CI] = 0.52-0.75; P<.008).

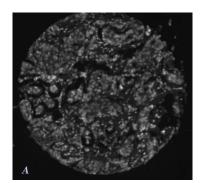
Task 1: Confirmation of tau as a predictive marker for paclitaxel sensitivity using AQUA

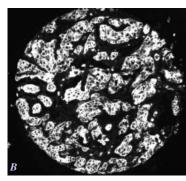
Tau as a predictive marker for paclitaxel sensitivity was confirmed using tissue whole sections and arrays and quantitative analysis was conducted with AQUA.

The following items from the Statement of Work have been **completed:**

- a. Order breast test arrays and conduct antibody titration of tau using breast test arrays.
 Completed: Tau antibody was titrated using US Biological T1029 mouse monoclonal antibody. Optimal titration: 1:750.
- b. Tau antibody staining of the Tissue arrays. **Completed:** YTMA 49-5 and YTMA 49-6 were stained with tau T1029 antibody.
- c. Image collection, AQUA analysis, and image validation (Appendix A). **Completed**. (Fig. 1)
- d. AQUA score statistical analysis **Completed** (Fig. 2 and Fig. 3; Tables 1, 2, and 3).

Timeline: Months 1-2





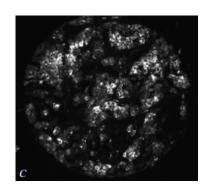


Figure 1. MAP-tau expression was studied in a large retrospective breast cancer cohort (n=656) with long term follow-up using tissue microarray at two-fold redundancy. Automated quantitative analysis (AQUA[™]) was used for in-situ analysis of protein expression. DAPI was used to define the nuclear region throughout the histospot (A). Cytokeratin was used to define pixels as breast cancer (tumor mask) versus stroma within the histospot (B), and Tau expression was measured using a Cy5-based detection system in the cytoplasm and the nuclear compartments within the tumor mask previously defined by the cytokertin (C). Analysis by AQUA showed a high correlation between cytoplasmic and nuclear tau, so total tau under the mask was used for analysis. AQUA scores for #347: 125.6, 126.7, 136.8 for total tau in tumor mask (shown in C), tau in nuclei and tau in cytoplasmic compartments, respectively (not shown).

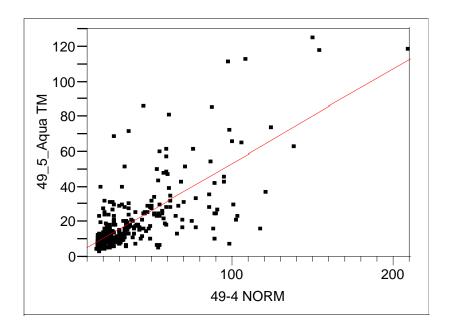


Figure 2. Linear Regression of Microarray YTMA 49-4 and YTMA 49-5 AQUA Scores.

Table 1. Patient Characteristics

Characteristics (n= 656)	
Mean follow-up time	12.8 yrs
Mean age of diagnosis	58.1 yrs
Median follow-up time	8.9 yrs
Median age of diagnosis	58.0 yrs
Censored (20 years)	328 patients
Median follow-up	21.4 yrs; 4.2 months minimum
Uncensored (20 years)	276 patients
Node Positive	~50%
Treatment:	~15% chemotherapy (Adriamycin, cytoxan, 5-fluorouracil) ~27% tamoxifen (post 1978)
Node Negative	~50%
Treatment:	Local Radiation and surgical resection only

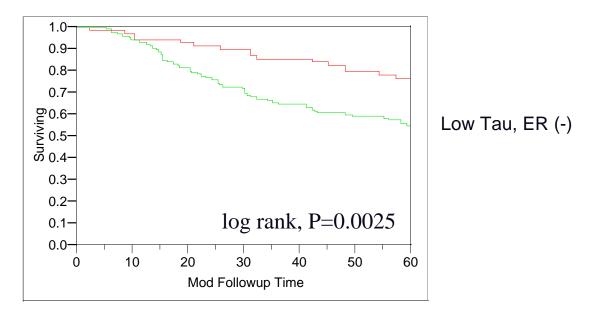
Table 2. Cox Univariate Analysis

Variable	Hazard Ratio			
Tau	0.625 (0.51-0.75)			

P-value = 0.008

Table 3. Multivariate analysis of tau and histopathologic variables of breast cancer (5-year survival, n=364)

Variable	Hazard Ratio	P-Value
Age at diagnosis	1.006 (0.99-1.02)	0.4475
Nodal Status	0.586 (0.45-0.74)	0.0000
Total Nodes	0.979 (0.95-1.00)	0.0949
Estrogen Receptor (ER)	0.855 (0.68-1.04)	0.1367
Progesterone Receptor (PR)	0.810 (0.65-0.99)	0.0416
. , ,		0101110
HER2	1.235 (1.01-1.43)	0.0344
Tumor Size	1.146 (1.06-1.22)	0.0004
Tau	0.732 (0.57-0.93)	0.0112



A.

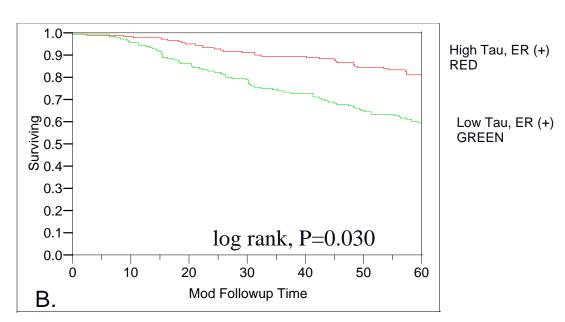


Figure 3. Kaplan-Meier survival analysis for MAP-tau stratified by ER (-) status (panel A) and ER (+) status (panel B).

Task 2: Construction of a Taxane Therapy tissue microarray as a training cohort for future predictive markers beyond tau.

A retrospective cohort of patients treated with taxane therapy will be assembled and tissue samples from this cohort will be used to examine tissue heterogeneity.

The following items from the Statement of Work have been **completed:**

- a. Select primary breast carcinoma tumors from the Yale Pathology archives or clinical trials that underwent taxane therapy.
 - **Completed:** 140 whole tissue sections were obtained (Appendix B).
- b. Design cell line controls for microtubule stabilizing proteins **Completed:** 6 YTMA 94-1 microarrays were stained to provide controls for whole tissue sections (Appendix C).
- c. Analysis of whole tissue sections and tissue microarrays to examine tissue heterogeneity.

In Progress. 39 of the 140 whole tissue sections have been analyzed (Appendix D and E). Problems with some tissue loss due to whole sections being floated on the slides rather than previous use of tape-transfer method.

Timeline: Months 3-12

Key Research Accomplishments

- This work demonstrated that Tau functions as a prognostic marker for paclitaxel sensitivity using AQUA and the Tissue Arrays YTMA 49-5 and YTMA 49-6.
- MAP-tau may be useful for further differentiating ER (+) and ER (-) patients
- Increased MAP-tau expression is associated with better outcome in breast cancer patients.
- MAP-tau may be a useful prognostic marker in addition to its predictive value for taxane response.
- Examining tissue heterogeneity using both whole tissue sections and tissue microarrays can provide important information regarding the usefulness of tissue microarrays in cancer diagnosis and treatment.

Reportable Outcomes

- 1. San Antonio Breast Cancer Symposium abstract acceptance and poster presentation San Antonio, Texas. December 2006. (Appendix D).
- 2. YTMA 49-4 and YTMA 49-5 tissue microarrays stained with T1029 MAP-tau Mab (Appendix A and Fig. 1).
- 3. Whole Section Tissue database with 15, 604 images. (Appendix E and F)
- 4. 6 control slides created: YTMA 941 tissue microarray with 120 histospots (Appendix E and F).
- 5. Data Characterization Algorithm for coding tumor tissue (Appendix E)
- 6. PhD dissertation research project that is specifically and uniquely breast cancer-focused in Department of Experimental Pathology program at Yale University with mentoring and training emphasis in breast cancer research that would not be possible without this grant.

Conclusion

The current research findings indicate that increased MAP-tau expression is associated with better outcome, that MAP-tau may be useful for further differentiating ER (+) and ER (-) patients, and that MAP-tau may serve as a prognostic marker in addition to its predictive capabilities. The next phase of this project will examine additional microtubule related proteins to compare with MAP-tau.

Our findings may be reflective of increased mitotic arrest and inhibition of cellular proliferation within cancer cells that can occur when high levels of MAP-tau are present. Taxanes function in a similar manner to MAPs by binding and stabilizing microtubules leading to mitotic arrest in cancer cells. Thus, taxanes may be competing for binding sites with tau and this may explain why increased MAP-tau expression results in resistance to taxane treatment (lack of functional binding sites available for paclitaxel) and why low MAP-tau expression is predictive for paclitaxel response (abundance of functional binding sites available for paclitaxel).

The dual functionality of MAP-tau may translate into increased tumor molecular screening information for patients with breast cancer resulting in better treatment options. Consequently, other microtubule associated proteins may also serve as valuable biomarkers for the personalized molecular assessment of breast cancer tumors and we are working to systematically evaluate these proteins.

References

- American Cancer Society. Cancer Facts and Figures 2007. Atlanta, GA, 2007
- 2.. Estevez, L.G. & Gradishar, W.J. Evidence-based use of neoadjuvant taxane in operable and inoperable breast cancer. *Clin Cancer Res* **10**, 3249-3261 (2004).
- Lynch, H.T., Fusaro, R.M. & Lynch, J.F. Cancer genetics in the new era of molecular biology. *Annals of the New York Academy of Sciences* 833, 1-28 (1997).
- 4. Riesterer, O., Milas, L. & Ang, K.K. Use of molecular biomarkers for predicting the response to radiotherapy with or without chemotherapy. *J Clin Oncol* **25**, 4075-4083 (2007).
- 5. Rouzier, R. et al. Microtubule-associated protein tau: a marker of paclitaxel sensitivity in breast cancer. *Proceedings of the National Academy of Sciences of the United States of America* **102**, 8315-8320 (2005).
- 6. US Cancer Statistics Working Group. United States cancer statistics: 1999--2002 incidence and mortality. Atlanta, GA: US Department of Health and Human Services, CDC, National Cancer Institute; 2005. Available at http://www.cdc.gov/cancer/npcr/uscs/index.htm.

Appendices

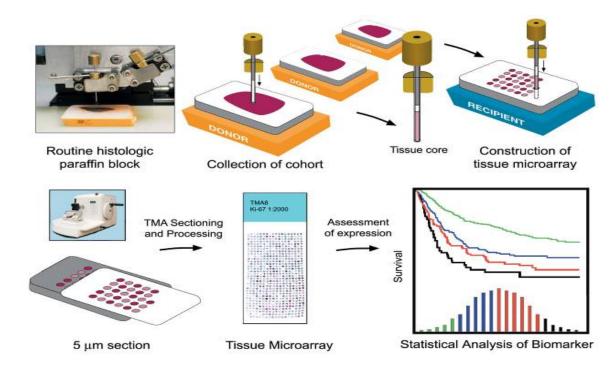
Appendix A

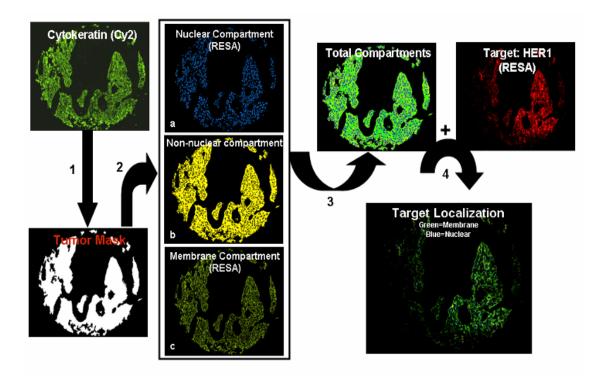
Automated Quantitative Analysis (AQUA)

What is an AQUA Score?

- Each pixel within the mask is assigned a user-defined subcellular compartment (or unassigned)
- The intensity of the "target" of interest is measured on a scale of 0-255 in each pixel in each compartment
- The final score is normalized by dividing the total target intensity by the area of each subcellular compartment.
- The final score is proportional to a number of molecules per unit area.

Methods and Instruments





AQUA Analysis of Tissue

The AQUA software linked to the fluorescence microscopy system allows for quantification

of the protein of interest within the tumor region of each tissue mircroarray core.

- Step 1: Cytokeratin is used to separate epithelial tumor from surrounding stroma, creating a tumor mask
- Step 2: Different fluorescent tags (like DAPI, Cy-5 tyramide) are used to demarcate subcellular compartments (nuclear, membrane, cytoplasmic, etc).
- Step 3: Due to the thickness of the tissue sections and the resulting overlap of compartments, a rapid exponential subtraction algorithm (RESA) is used to subtract an out-of-focus image from an in-focus image, providing improved pixel assignment to subcellular compartments. An AQUA score is generated for each compartment ranging from 0-255 (see box *What is an AQUA score...*)
- Step 4: At the Cy-5 wavelength, which is outside the range of tissue autofluroescence, the target of interest is tagged and measured within the subcelluar compartments by the PLACE algorithm.

The resulting AQUA score is the measurement of the biomarker pixel intensity within a compartment divided by the total area of the compartment (to normalize for differences in tumor area in each spot).

Appendix B

TAX 307 Whole Tissue Sections Patient Characteristics and Study Design

- Cases obtained from the TAX 306 Study Group (2003) (Dr. Lyndsay Harris, Yale Breast Cancer Center)
- Study Design:
 - Multicenter: 58 total in Europe, S. Africa, S. America Australia, Canada
 - Randomized (centralized)
 - Non-blinded
 - Phase III
- Objective: compare efficacy & safety AT vs AC as 1st line chemotherapy in 429 patients w/ untreated MBC
 - AT: doxorubicin (DNA intercalation & anthracycline) + docetaxel
 - AC: doxorubicin and cyclophasphamide (alkylating agent)
- Treatment regimen: AT or AC on day 1, every 3 weeks for 8 cycles
- Primary endpoints: Time to treatment progression (TTP)
- Secondary endpoints: overall response rate (ORR), time to treatment failure (TTF), toxicity, survival, quality of life (QoL)
- Inclusion criteria:
 - adjuvant or neoadjuvant non-anthracycline chemo OK
 - prior hormonal therapy OK, but not concurrent
 - NO previous taxanes
- TAX 307 cohort: 140 cases from AT arm

Appendix C

TAX 307 Whole Tissue Sections Methods

- 140 cases:
 - Floated, whole tumor sections
 - PLUS slides inconsistently used
- 85 matching H&E slides
- 6 control slides: YTMA 94-1; Cell lines for secondary normalization + staining quality control
- Staining:
 - 6 consecutive batches:
 - 25 slides/batch + 1 YTMA 94-1
 - 1 week period: early November 2006
- Target:
 - MAP-tau mouse monocolonal antibody
 - US Biological; 1:750 dilution (titrated)
- Image Capture:
 - HistoRx Image Grabber
- Quantitative analysis of specimens:
 - HistoRx AQUA

Appendix D

29th Annual San Antonio Breast Cancer Symposium

Abstract Number: 551023

Contact/Presenting Author: Maria T. Baguero

Department/Institution: Pathology, Yale University School of Medicine

Address: 310 Cedar Street/ BML 163, PO Box 208023

City/State/Zip/Country: New Haven, CT, 06520-8023, United States

Phone: 203.671.9926 Fax: E-mail: mariateresa.baquero@yale.edu

Abstract Categories: 11. Prognostic Factors

Disclosure: There is no financial interest/arrangement or affiliation with one or more organizations.

Off Label: No

Title: Microtubule-associated protein (MAP)-tau is a prognostic biomarker associated with better outcome in breast cancer.

Maria T. Baquero, MPH¹, Mark Gustavson, PhD¹, Jena Giltnane, MS¹, Robert L. Camp, MD, PhD¹ and David L. Rimm, MD, PhD¹. ¹Department of Pathology, Yale School of Medicine, New Haven, CT, 06520.

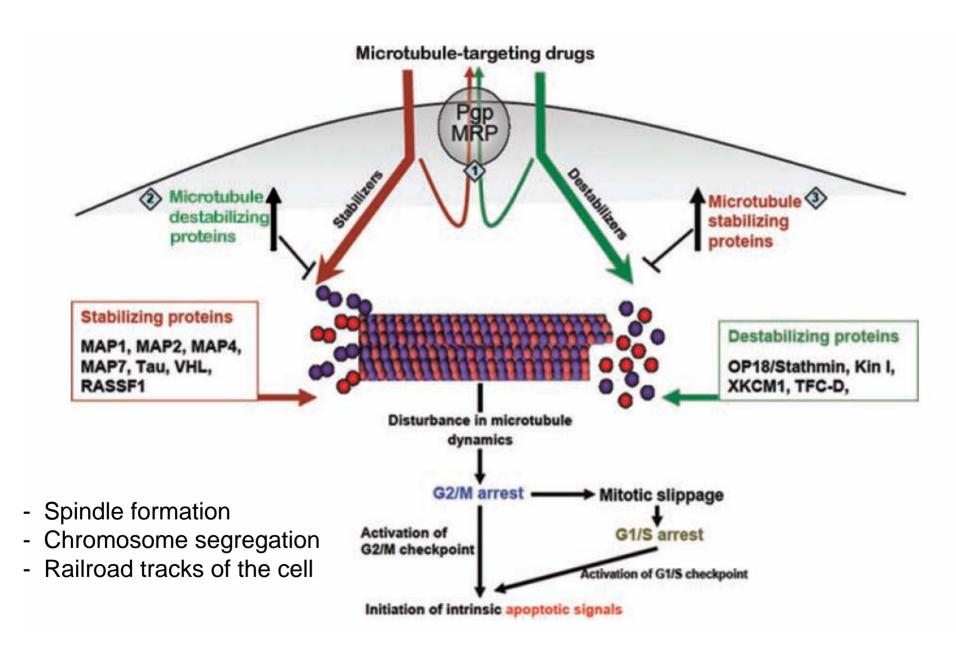
Body: Background: Clinical treatment involving adjuvant or neoadjuvant treatment currently relies on a variety of factors such as tumor size, lymph node status, degree of metastasis, and biomarker expression (ER, PR, HER2). However, additional markers that can identify subsets of patients requiring more aggressive or pathway-targeted adjuvant treatments are needed. Microtubule-associated proteins, such as tau, have recently begun to gain attention as both predictive and prognostic markers. These proteins promote the assembly of tubulin monomers into microtubules functioning to stabilize microtubules and thus working against cancer by inducing mitotic arrest. Tau expression has been found to decrease microtubule vulnerability to taxanes and its expression makes cells resistant to taxane treatment. In addition, low tau expression has been shown to be predictive for response to the taxane, paclitaxel, in breast cancer. However the prognostic value of tau has not been established.

Material and Methods: Tau expression was measured in a large retrospective breast cancer cohort (n=480) with 20 year follow-up using tissue microarray technology and automated quantitative analysis (AQUA). The AQUA system used cytokeratin to define pixels as breast cancer within the array spot, and measured the intensity of tau expression using Cy5 conjugated antibodies. AQUA scores were correlated with clinical and pathologic variables.

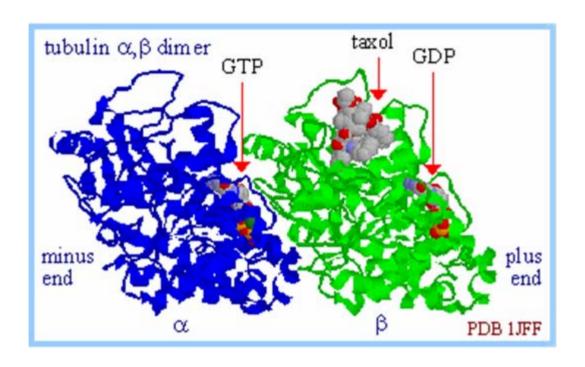
Results: Tau showed a normal distribution of expression with high correlation (R= 0.76) between redundant cores. Kaplan-Meier survival analysis with a validated optimal cut-point showed a five year survival rate of 82% for high expressors versus only a 60% survival rate for low expressors (log rank, P<.0001). High tau expression correlated strongly with negative lymph node status (P = 0.0007). Univariate analysis indicated a protective relationship between tau expression and outcome (OR = 0.625, 95% confidence interval [CI] = 0.52-0.75; P<.0001)

Discussion: Similar to microtubule-associated proteins such as tau, taxanes also bind and stabilize microtubules leading to mitotic arrest in cancer cells. Thus, taxanes may compete for binding sites with tau and this may explain why increased tau expression results in resistance to taxane treatment (lack of functional binding sites available for paclitaxel) and why low tau expression is predictive for paclitaxel response (abundance of functional binding sites available for paclitaxel). This study found that increased tau expression is associated with better outcome. This may be reflective of increased mitotic arrest and inhibition of cellular proliferation within cancer cells that can occur when high levels of tau are present. The biological basis of high tau expression and breast cancer pathogenesis requires further investigation. These findings suggest that tau may be a useful prognostic marker in addition to its predictive value in taxane response.

Appendix E



Kumar M.R. Bhat and Vijayasaradhi Setaluri (2007), AACR



	H1		H11	EX	H21	EX	H31	EX	H41	76
	H2		H12	21	H22	103	H32	52	H42	72
	Н3		H13	121	H23	203	H33	32	H43	77
TAX 307	H4		H14	177	H24	41	H34	162	H44	277
	H5		H15	118	H25	60	H35	96	H45	515
Worksheet	H6		H16	107	H26	198	H36	35	H46	b18
Of Images	H7		H17	113	H27	38	H37	50	H47	b99
_	H8	80	H18	77	H28	36	H38	b15	H48	143
Collected	Н9	EX	H19	115	H29	75	H39	b22	H49	b22
	<u>H10</u>		H20	<u>36</u>	H30	<u>304</u>	<u>H40</u>	<u>b28</u>	<u>H50</u>	<u>b64</u>
	TOTAL	777		885		1058		427		1160
	IMAGES									
	H51		H61	56	H71	303	H81	EX	H91	297
	H52	69	H62	4	H72	EX	H82	255	H92	65
	H53		H63	23	H73	216	H83	173	H93	126
	H54	EX	H64	262	H74	48	H84	171	H94	137
	H55	EX	H65	58	H75	24	H85	20	H95	49
	H56		H66	407	H76	81	H86	12	H96	325
	H57	74	H67	287	H77	10	H87	68	H97	24
	H58	8	H68	140	H78	17	H88	EX	H98	126
	H59		H69	68	H79	EX	H89	327	H99	519
	<u>H60</u>		<u>H70</u>	<u>75</u>	H80	<u>151</u>	<u>H90</u>	<u>344</u>	H100	<u>32</u>
	TOTAL	766		1380		850		1370		1700
	H101	40	H111		EX	H121	274	H1	31	16
	H102	135	H112		66	H122	45	H1	32	90
	H103	327	H113		154	H123	160	H1	33	280
	H104	156	H114		177	H124	236	H1	34	125
	H105	108	H115		56	H125	495	H1	35	227
	H106	109	H116		101	H126	27	H1	36	168
	H107	112	H117		313	H127	24	H1	37	212
	H108	92			21	H128	190			88
	H109	18			EX	H129	176			171
	H110		H120		30	H130	EX			196
	TOTAL	1113			918	11100	1627			1573
	IVIAL	1113			310		1021			13/3

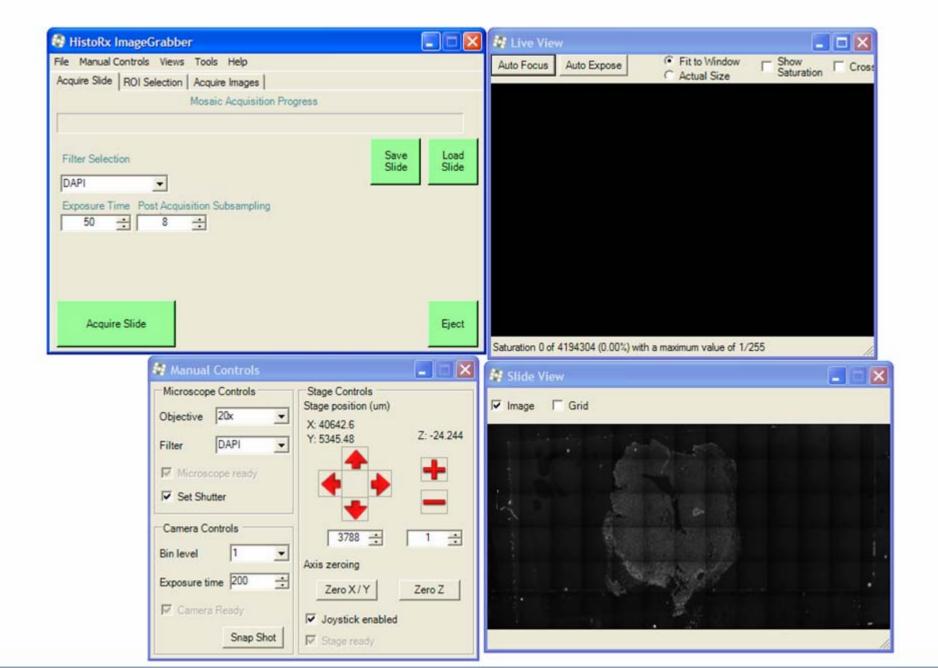
TAX 307 Image Worksheet

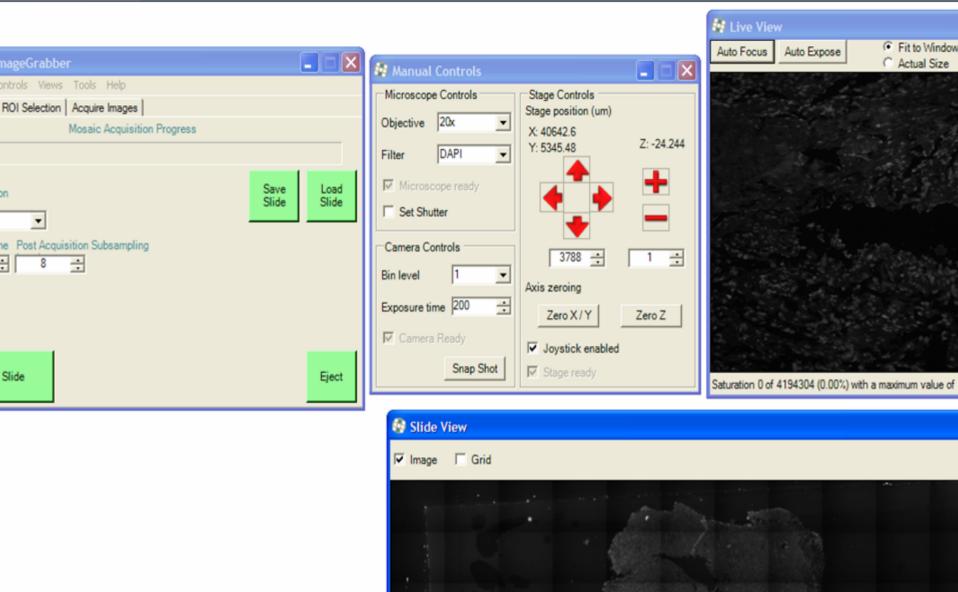
TOTAL	1113	918	1627	1573	
	777	885	1058	427	1160
	766	1380	850	1370	1700
	<u>1113</u>	<u>918</u>	<u>1627</u>	<u>1573</u>	******
	2656	3183	3535	3370	2860

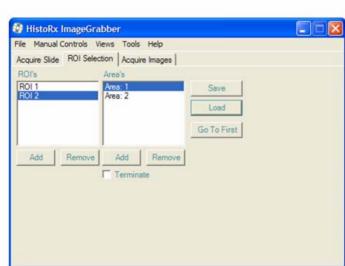
TOTAL 15604

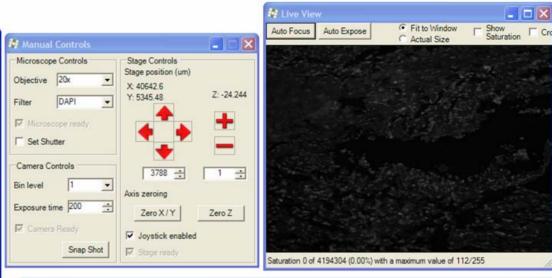
IMAGES

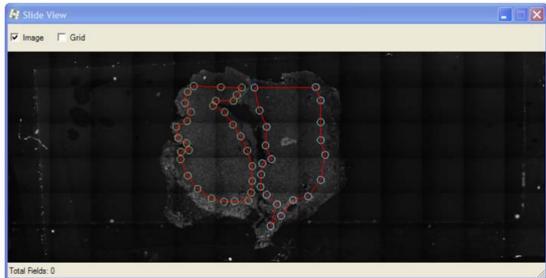
illiage Capture. Historix illiage Grabber

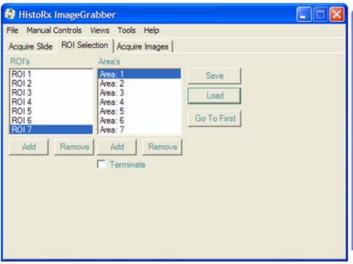


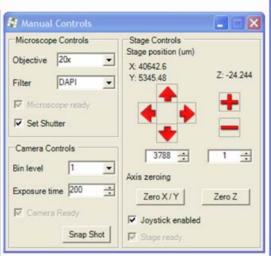


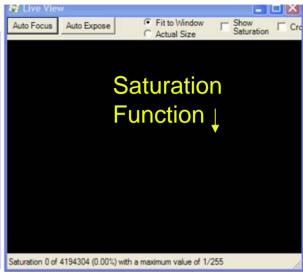












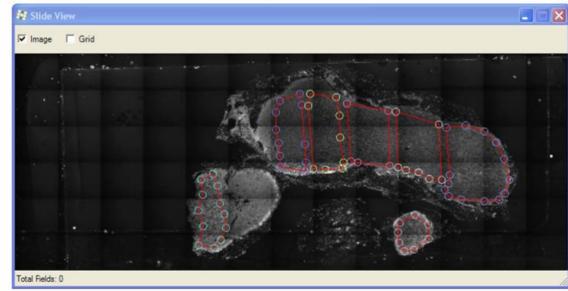
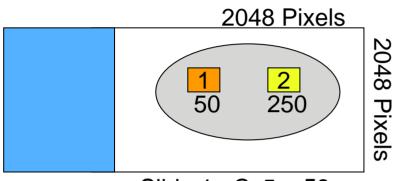
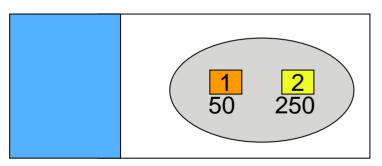


Image Grabber: AQUA Score Normalization through Saturation Function



Slide 1: Cy5 = **50ms**



Slide 2: Cy5 = **250ms**

```
[1-256: shade of gray/degree saturation]
P_i = \frac{P(\text{saturation})}{\text{Exp time}}
```

Power =
$$\underline{Intensity}$$
 = P_i
Time

$$Pi = 250 = 5 = P$$
 50ms

Takes 5X Longer to reach 250; P same for both

- Each pixel: 1-256
- Calculate avg total pixel saturation
- Black --> White
- Unsaturated --> Saturated

Image Capture: Data Set Descriptors

- Project Parameters
 - 184.4 GB total
 - 149 folders (1 folder/case)
 - 845 files

Typical Case Slide Size Range:

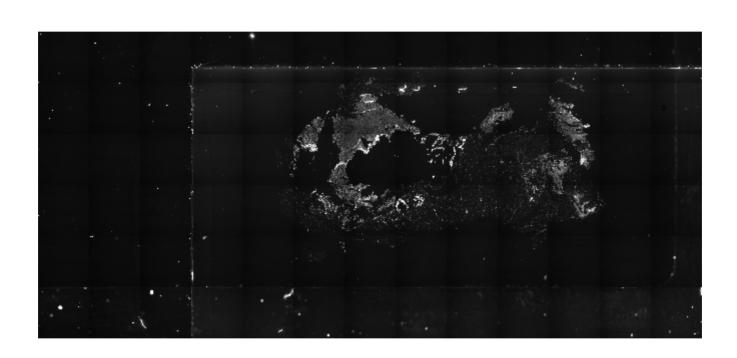
Low: Case # H77 90 MB 1 ROI/TMA 10 images total

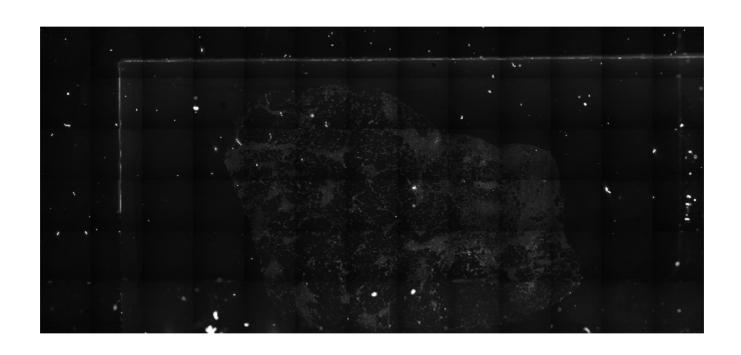
High: Case # H99 6.94 GB 8 ROI/TMAs 519 images total

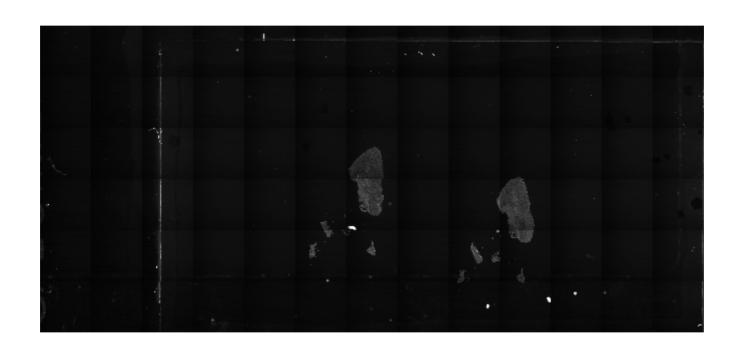
Image Capture Challenges

- Only 61% of H&Es available
- Tissue distortion after staining: folding, tearing, shearing, erosion
- Sections not planar; Multiple ROIs
- First use 20x to "explore" tissue sections and plane of focus, then set ROIs Collapse any ROI into 2 if still out of focus
- PM3 makes many, many files! Label appropriately for patient crossmatching late
- Criteria for Excluding Cases (determined at beginning of study):
 - 1. No tissue on specimen slide
 - 2. Heavy tissue erosion: >95% of tissue gone
 - 3. Validation: out of focus, artifacts (uncropable)

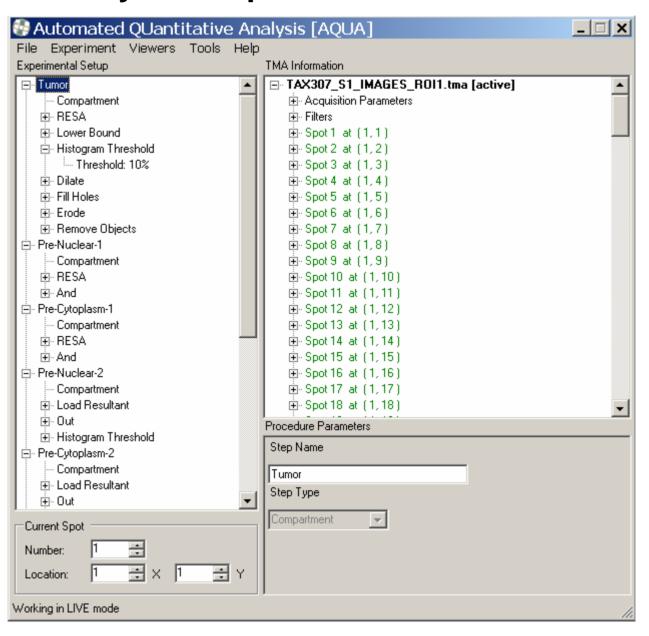
Total Cases Excluded during image capture: 16 (16/140= 11.4% Excluded, 88.6% Retained)







Quantitative analysis of specimens: HistoRx AQUA



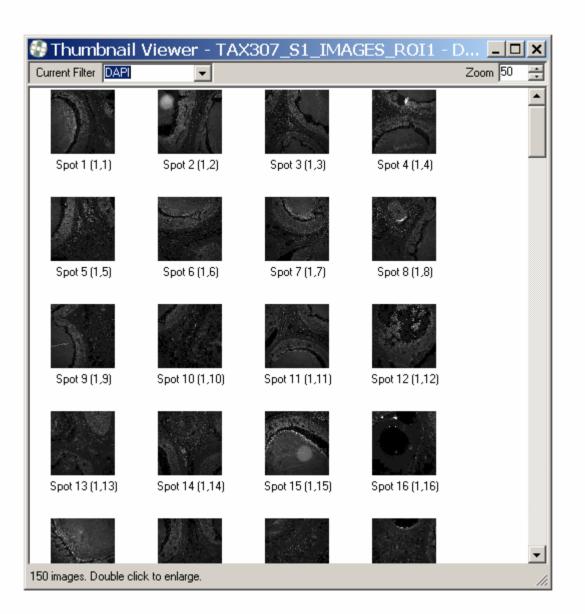
Quantitative analysis of specimens: HistoRx AQUA

Strengths:

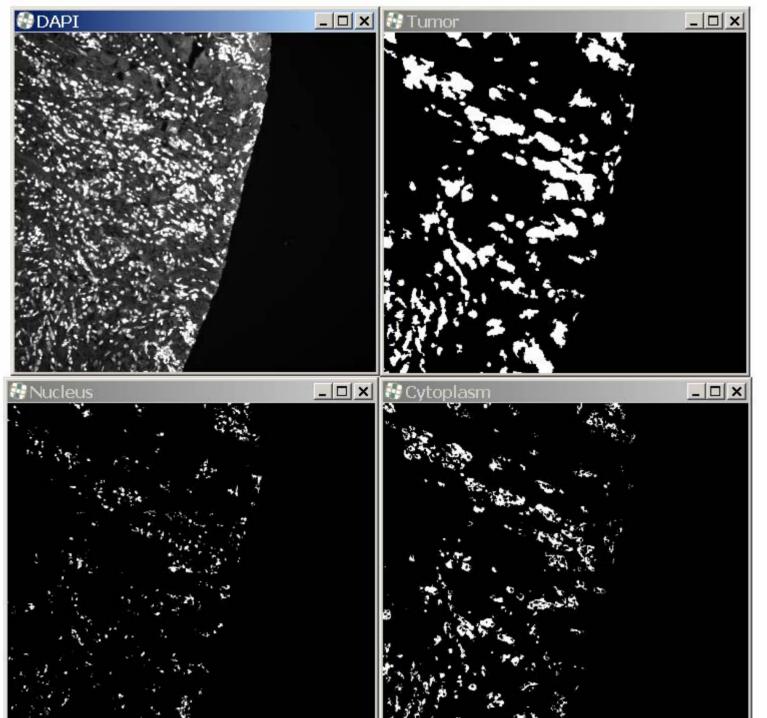
- Rapid experiment run-time: ~11 TMA images per minute
- Tumor Histogram Threshold: 10-20% and can be adjusted per slide
- Relatively small template and analysis file size: <100 MB
- User-friendly interface with multiple ways to examine images

Limitations:

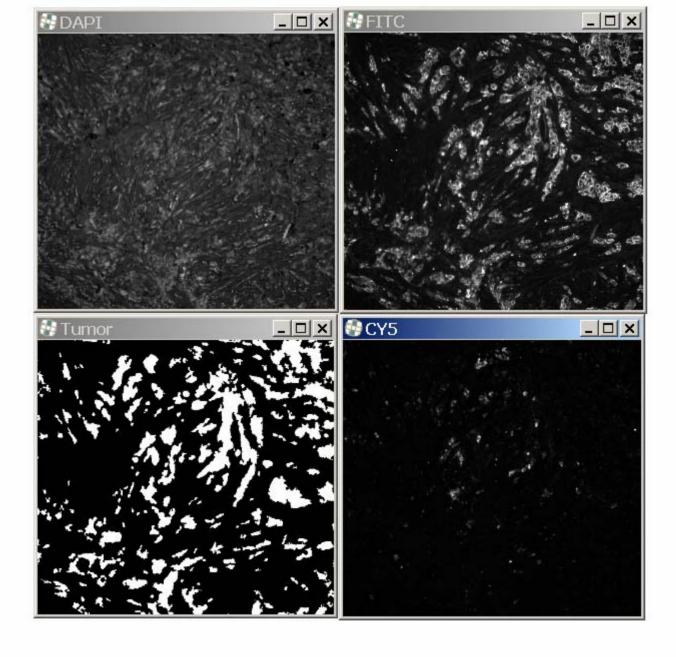
- No Cropping! so entire image must be discarded
- Still some bugs so error messages are common with too many open windows
- Exposure times may not register properly in manual mode



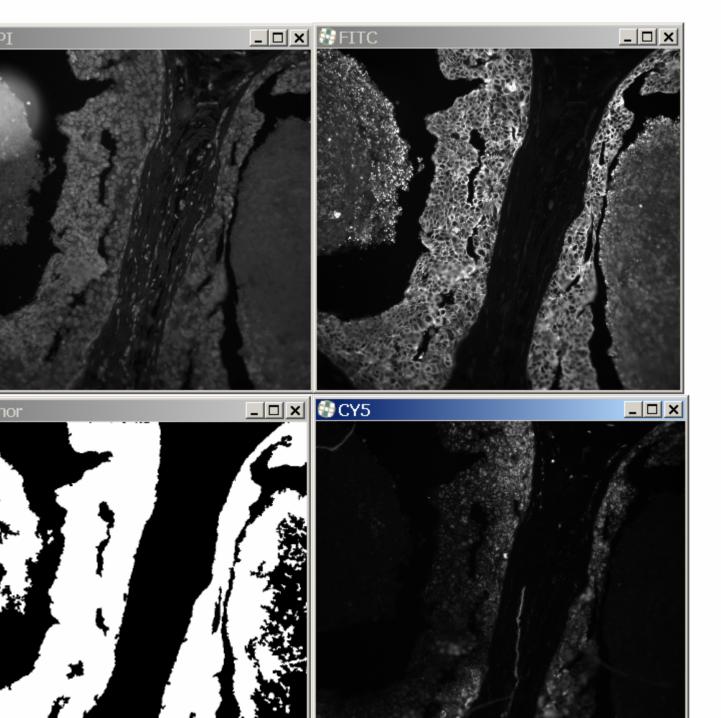
. 72 108 144 180 216 252 288 324 360 3



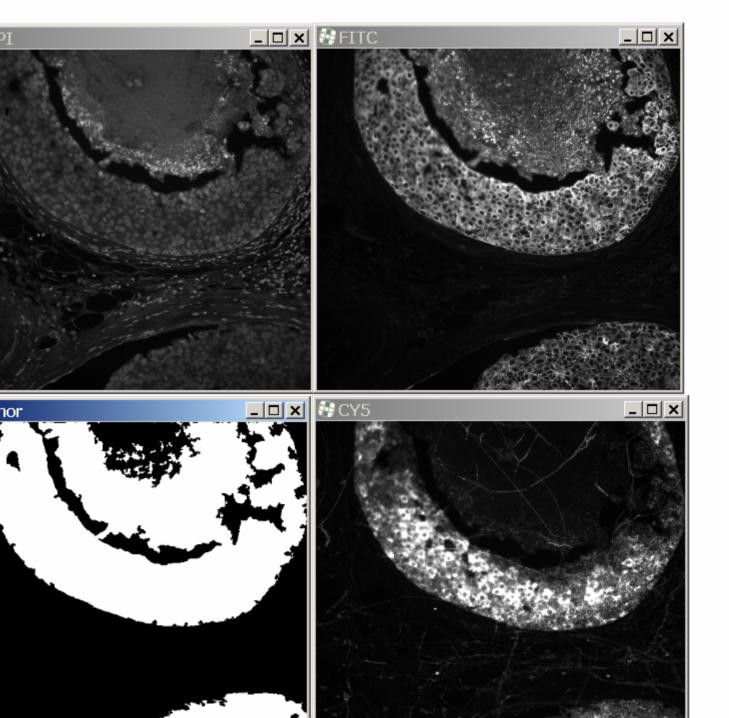
H2 Image 7

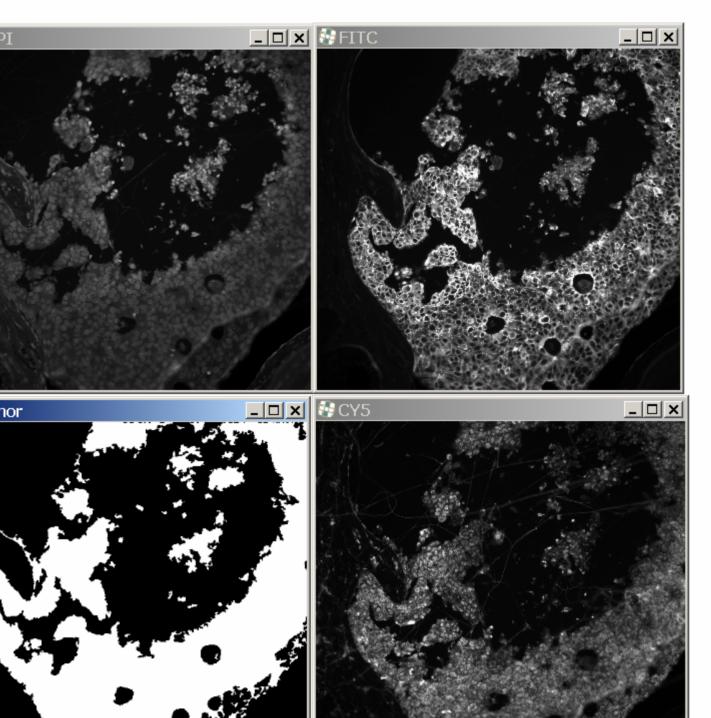


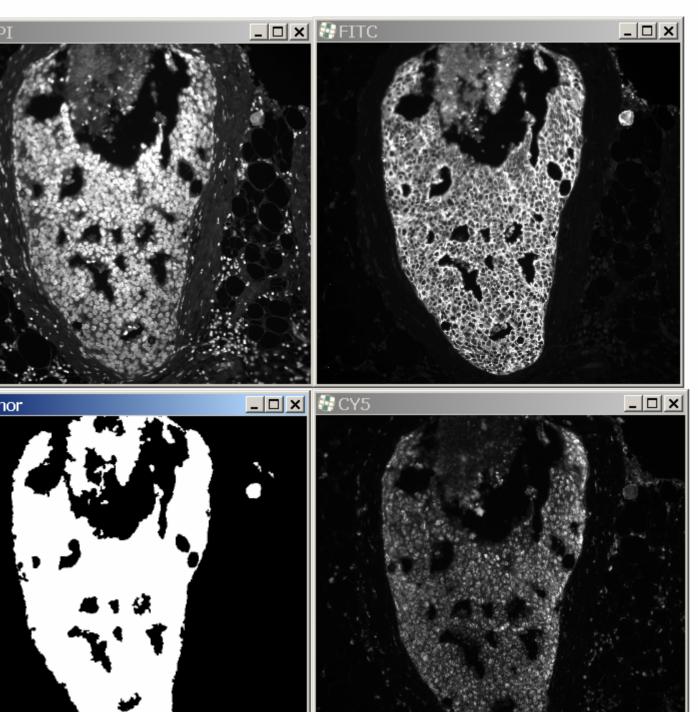
H2 Image 15

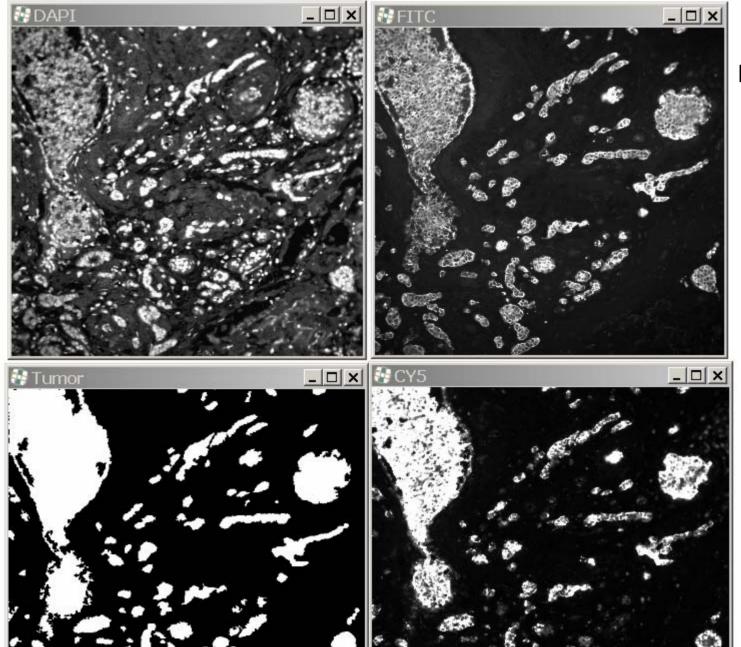


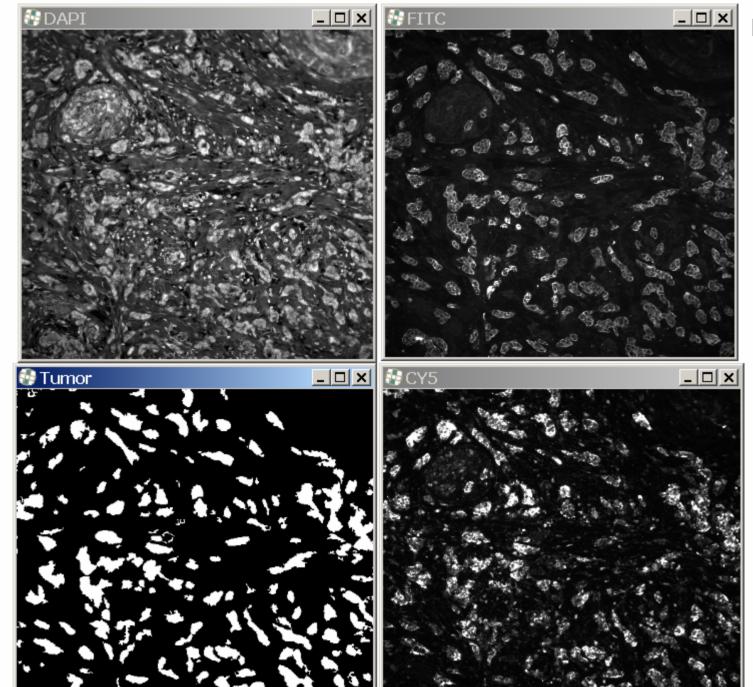
H1 Image 2

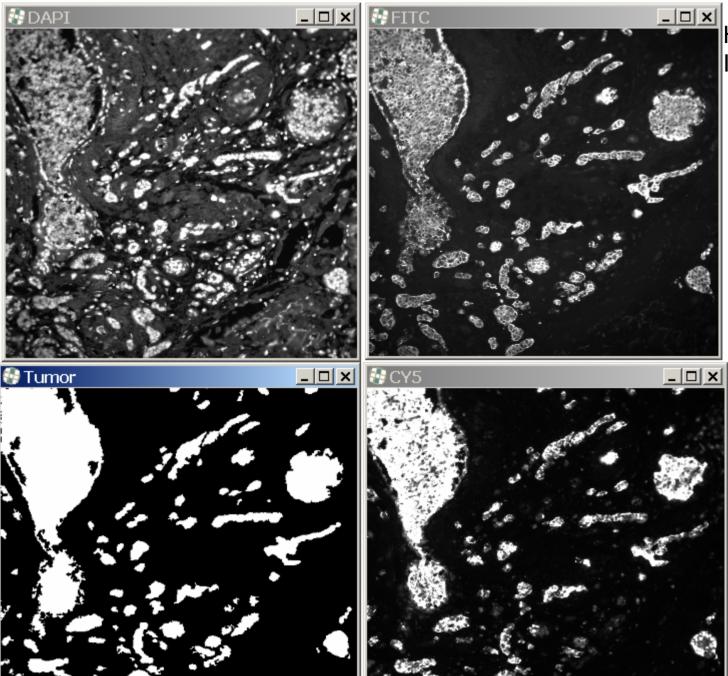




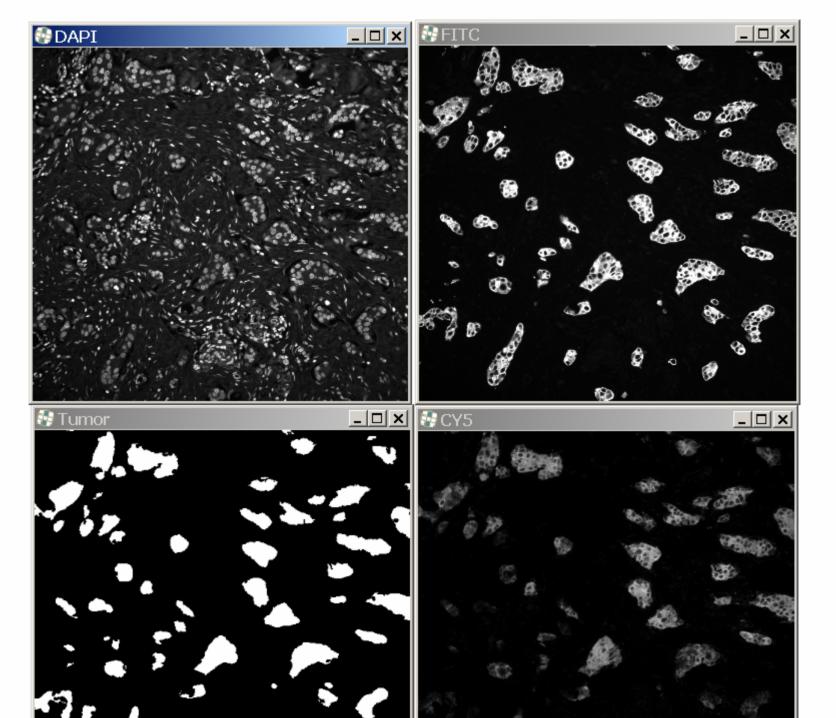


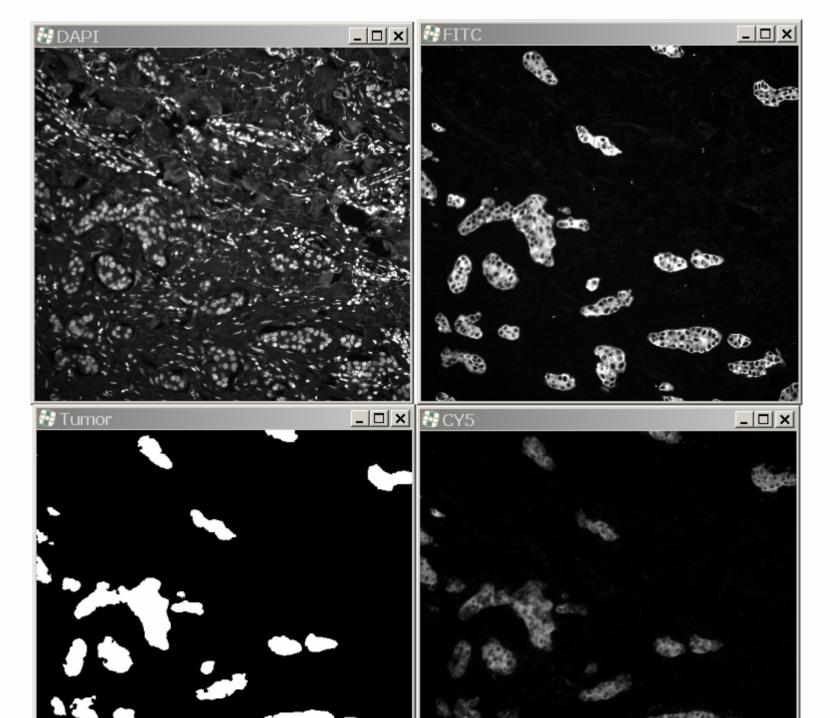


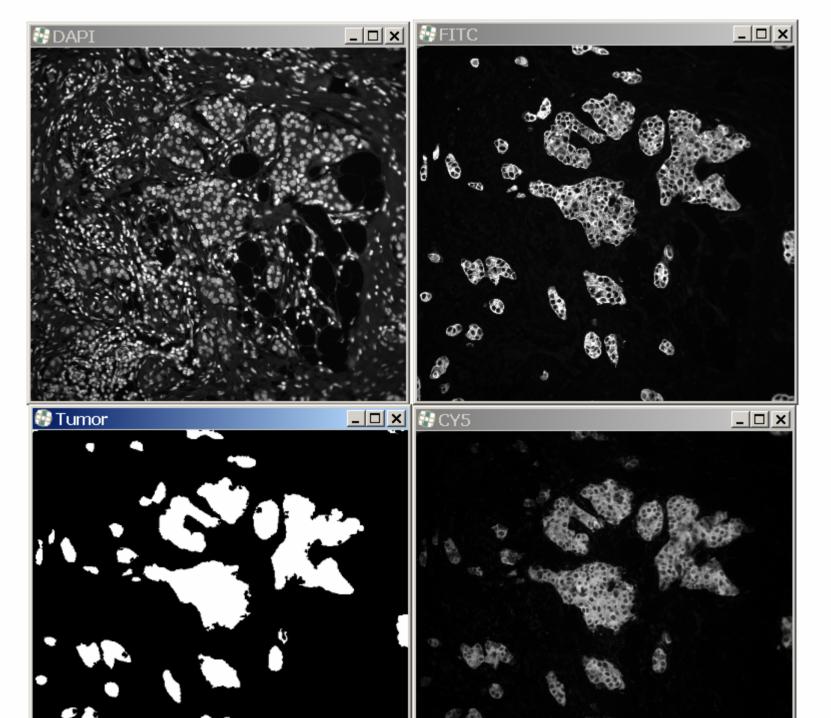


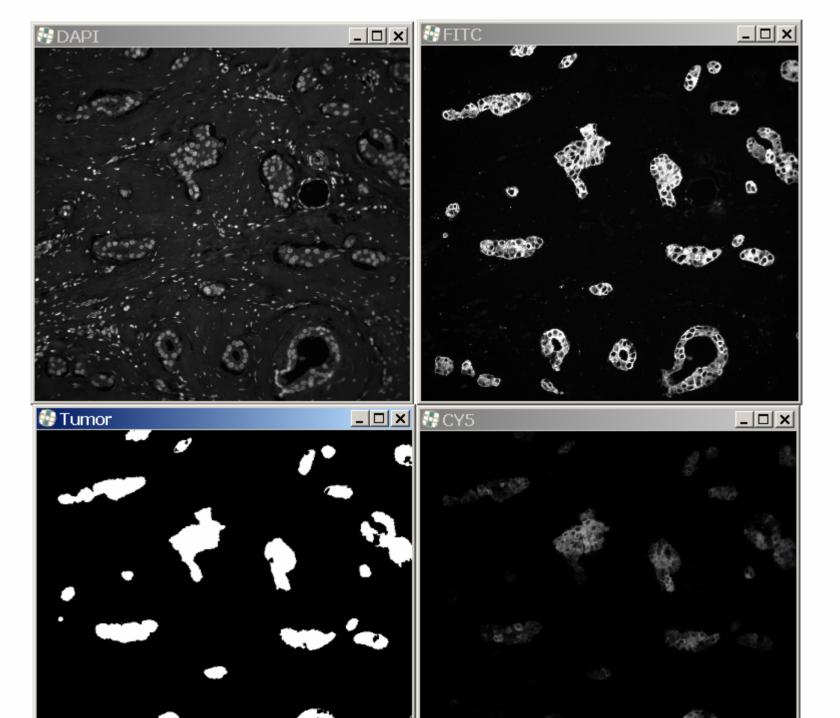


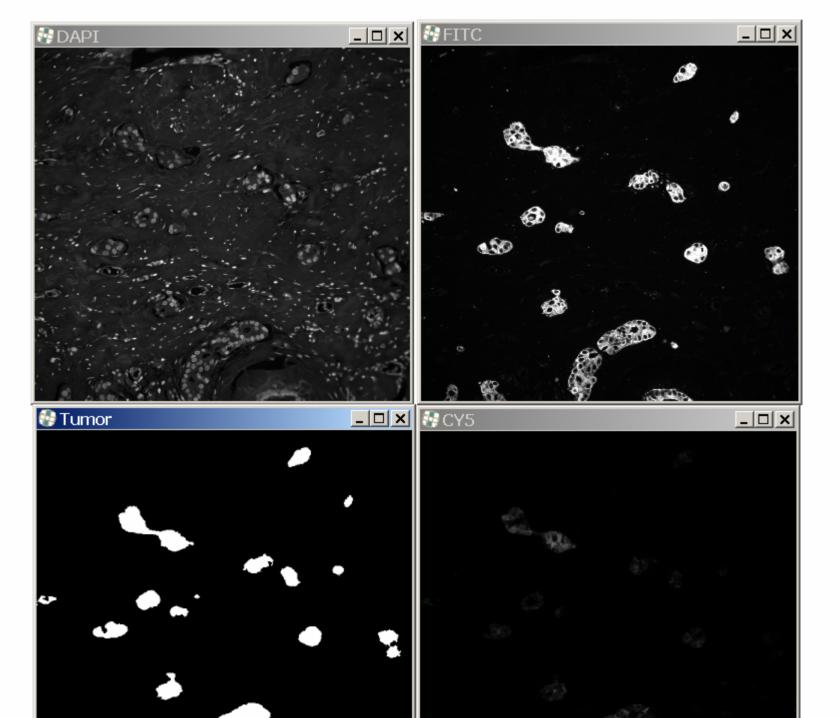
H92 Imag

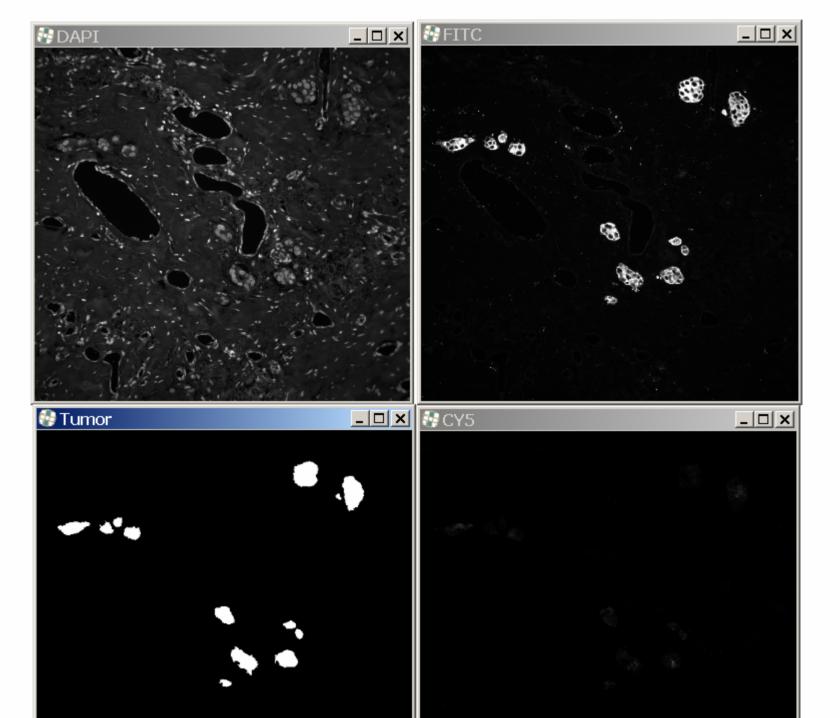


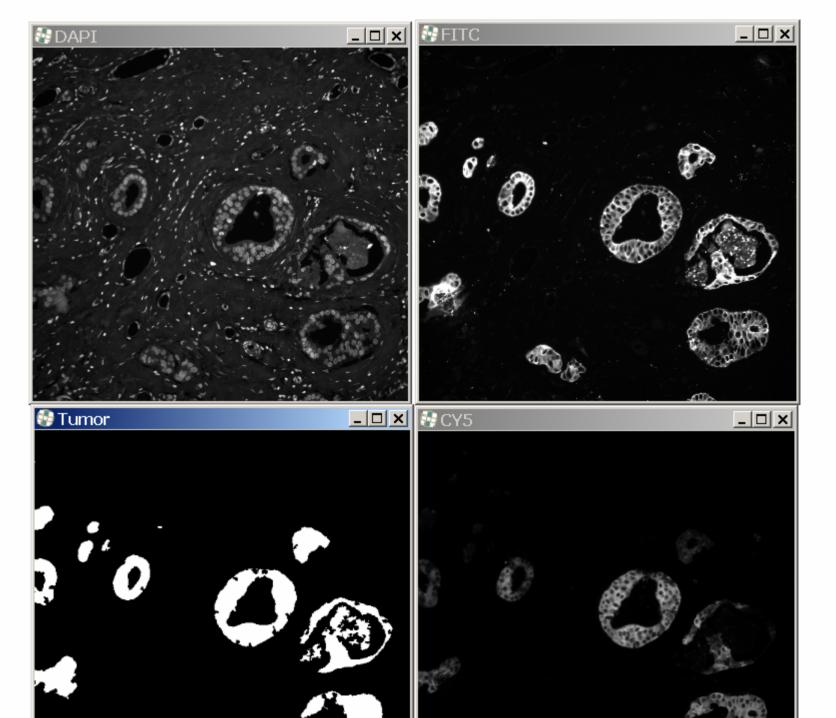


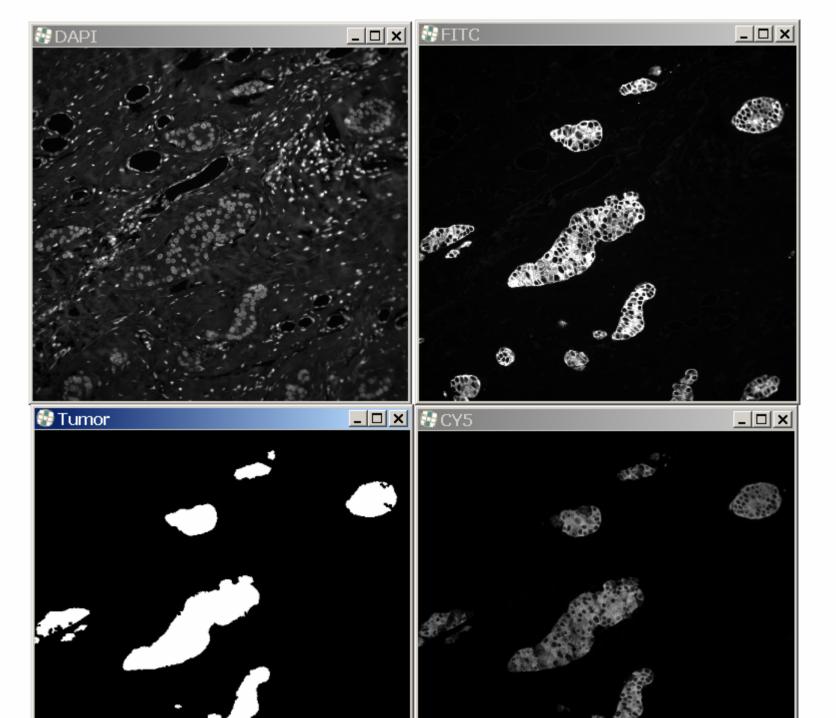


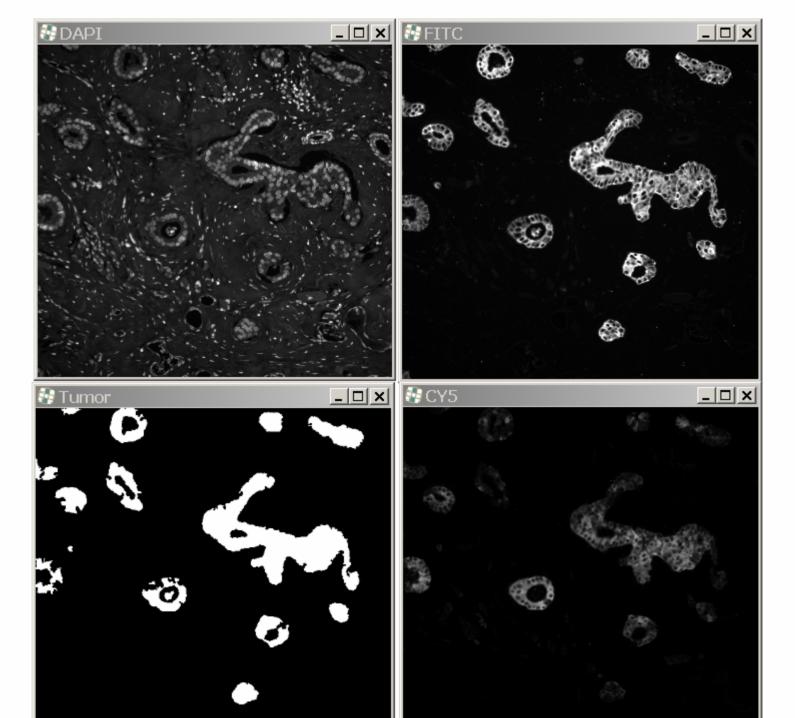


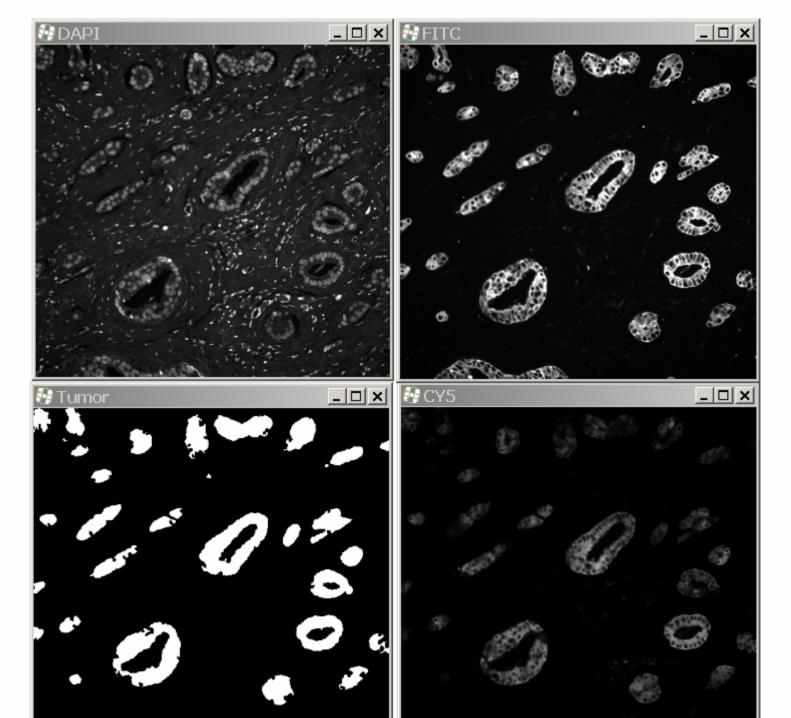


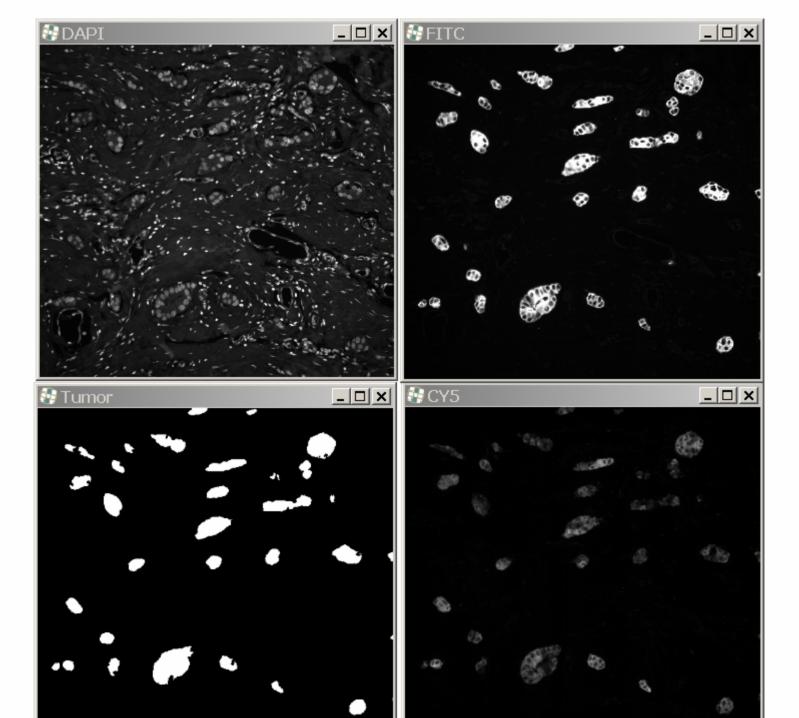


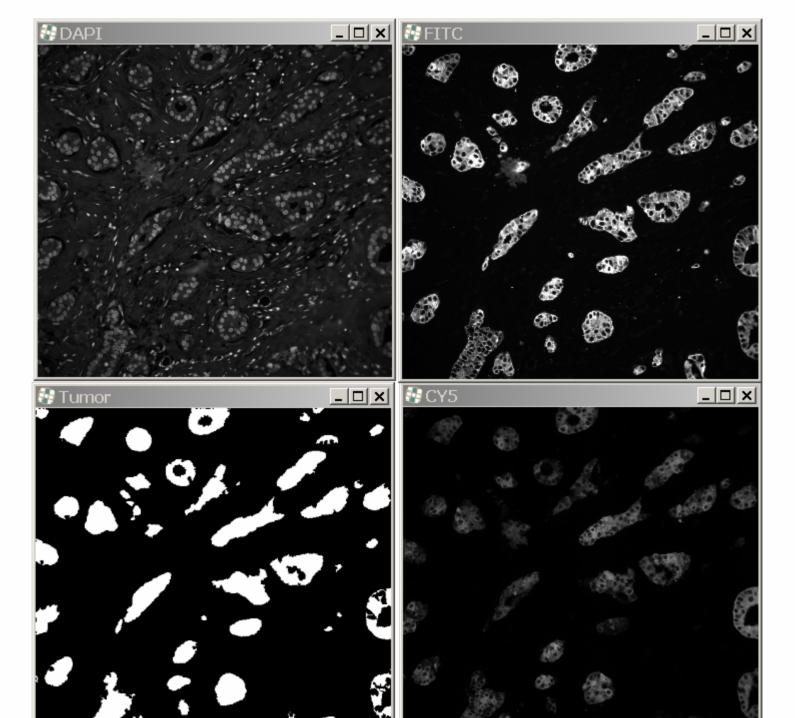


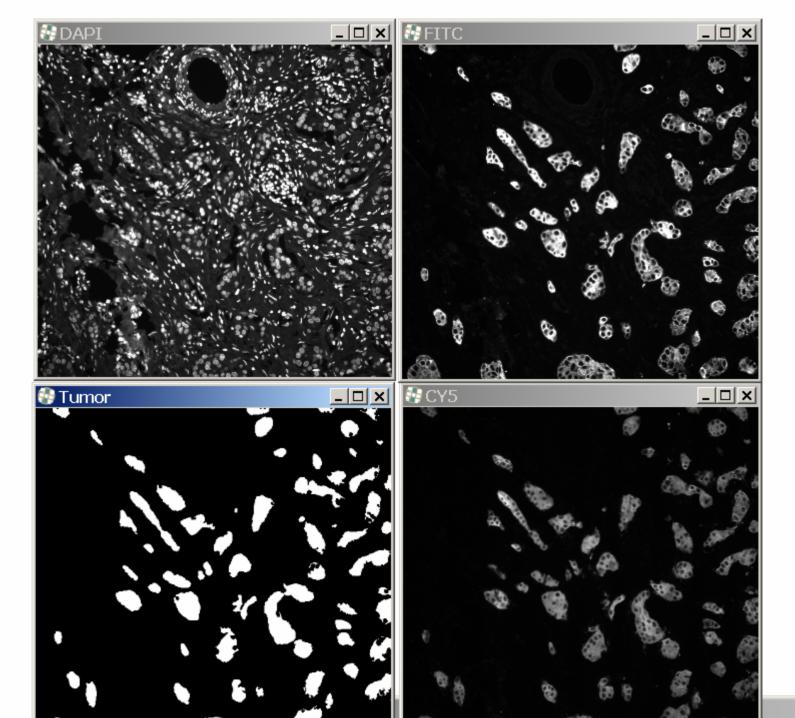


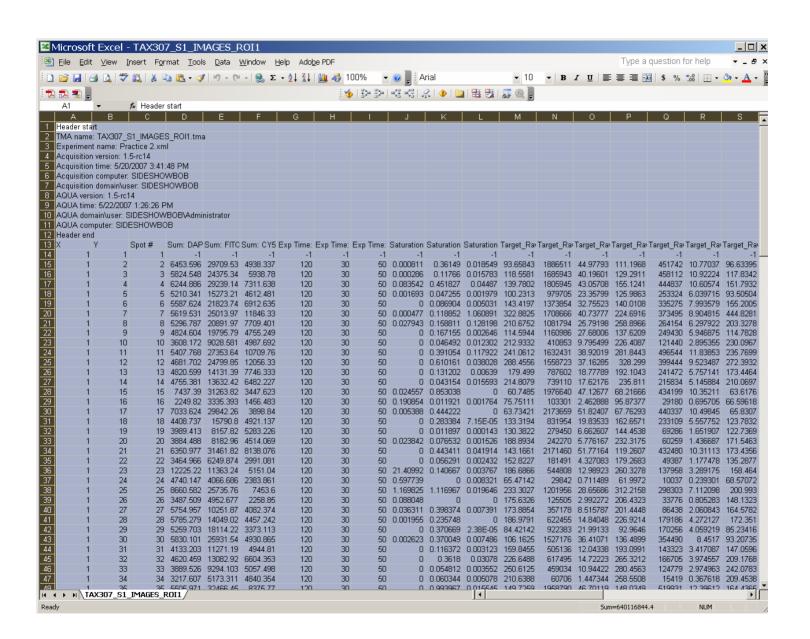












Analysis Data Spreadsheet

Saturation %: DAPI		Saturation %: CY5	Target Raw in Tumor AQ	Target_Raw in Tumor (Target_Raw in Tumor (Target_Raw in Nucleus		Target_Raw in Nucleus
-1	-1	-1	-1	-1	-1	-1	-1	-1
0.00081062	0.36149025	0.01854897	93.65843201	1886511	44.97792816		451742	10.77036858
0.0002861	0.11765957	0.01578331	118.5581207	1685943	40.1960144	129.2911072	458112	10.92224121
0.08354187	0.45182705	0.04487038	139.7801514	1805945	43.05708313		444837	10.60574055
0.00169277	0.04725456	0.00197887	100.231308	979705	23.35798645		253324	6.03971481
0	0.08690357	0.00503063	143.419693	1373854	32.75523376		335275	7.99357891
0.00047684	0.11885166		322.8825378	1708666	40.73777008	224.6916351	373495	8.90481472
0.02794266	0.15881062		210.6752014	1081794	25.79197884	258.896637	264154	6.29792213
0	0.16715527	0.00264645	114.5944443	1160986	27.68006325	137.6209412	249430	5.94687462
0	0.04649162	0.0123024	212.933197	410853	9.79549885	226.4087372	121440	2.89535522
0	0.39105415	0.11792183	241.0612488	1632431	38.9201889	281.8442688	496544	11.83853149
0	0.61016083	0.03802776	288.4555969	1558723	37.16285324	328.2989502	399444	9.52348709
0	0.13120174	0.00638962	179.4990387	787602	18.77789497	192.1043091	241472	5.75714111
0	0.04315376	0.01559258	214.8079224	739110	17.6217556	235.8109894	215834	5.14588356
0.02455711	0.85303783	0	60.74849701	1976640	47.12677002	68.21665955	434199	10.35211086
0.19085407	0.01192093	0.0017643	75.75110626	103301	2.46288776	95.87377167	29180	0.69570541
0.00538826	0.4442215	0	63.73421478	2173659	51.82406998	67.76293182	440337	10.49845219
0	0.28338432	0.00007153	133.3193665	831954	19.83532906	162.6570892	233109	5.55775166
0	0.01189709	0.00014305	130.3822479	279450	6.66260719	144.4538117	69286	1.65190697
0.02384186	0.07653236	0.00152588	188.8933563	242270	5.77616692	232.3175049	60259	1.43668652
0	0.44341087	0.04191399	143.1661224	2171460	51.77164078	119.2606659	432480	10.31112671
0	0.05629063	0.00243187	152.8227234	181491	4.32708263	179.2683258	49387	1.17747784
21.40991592	0.14066696	0.00376701	186.6865692	544808	12.98923492	260.3277893	137958	3.28917503
0.59773922	0	0.00832081	65.47142029	29842	0.71148872	61.9971962	10037	0.23930073
1.1698246	1.1169672	0.01964569	233.3026581	1201956	28.65686417	312.2158203	298303	7.11209774
0.08804798	0	0	175.6326294	125505	2.99227238	206.4323273	33776	0.80528259
0.03631115	0.3983736	0.00739098	173.8853607	357178	8.51578712	201.4448242	86438	2.06084251
0.00195503	0.23574829	0	186.9790649	622455	14.84048367	226.9214325	179186	4.27212715
0	0.37066936	0.00002384	84.42141724	922383	21.99132538	92.96459961	170256	4.05921936
0.0026226	0.37004948	0.00748634	106.1624832	1527176	36.4107132	136.4899445	354490	8.45170021
0	0.11637211	0.00312328	159.845459	505136	12.04338074	193.0991364	143323	3.4170866
0	0.36180019	0.03077984	226.6488037	617495	14.72222805	265.321228	166705	3.97455692
0	0.05481243	0.00355244	250.6124573	459034	10.9442234	280.4563294	124779	2.97496319
0	0.06034374	0.00507832	210.6387634	60706	1,44734383	258.5507813	15419	0.36761761
	n 993 <u>96706</u>		1/19.7258606	1958790			519931	12 39612103
→ \TAX307_S1_	IMAGES_ROI1/				1			Þ
y								NUM

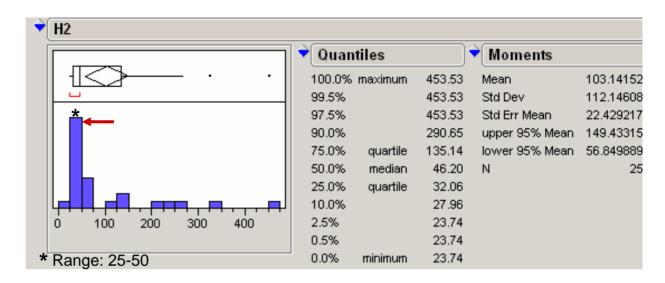
Data Analysis

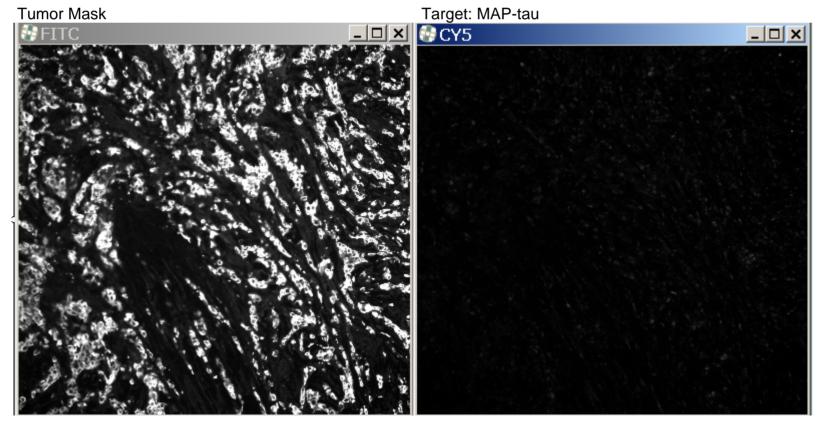
- 15 histograms from beginning, middle, end of cohort for AQUA score distribution
- Coding of all cases:
- Invasive
- Mixed DCIS + Invasive
- No tumor, normal ducts present
- Stroma, no ducts, no tumor
- Blank, no tissue
- <u>Technical artifact (blurry, lint, etc)</u>
- Other
- Show Pathologist

Appendix F

Case: H2.1

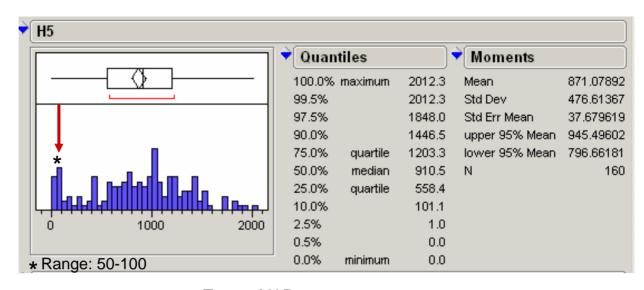
AQUA Score: 40.68

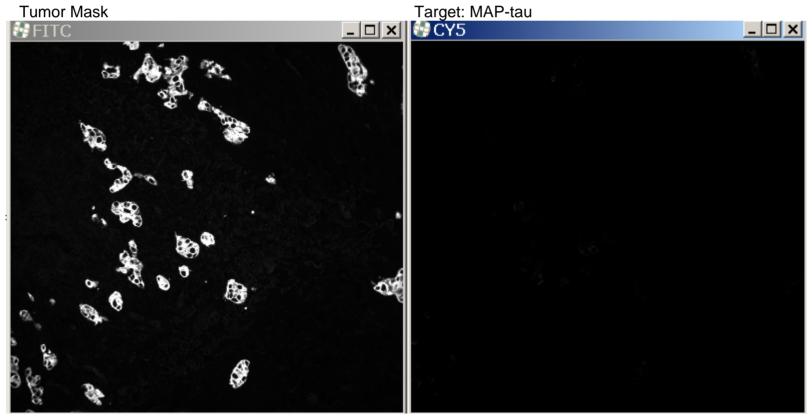




Case: H5.2

AQUA Score: 63.77

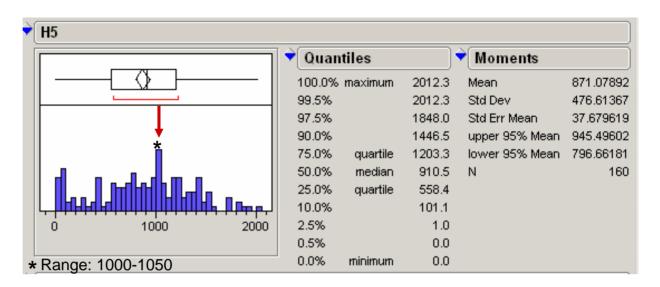


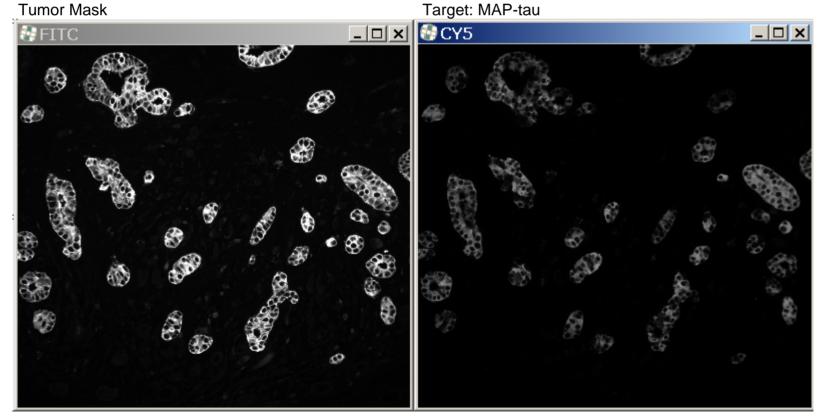


Case: H5.3

AQUA

Score: 1020.77

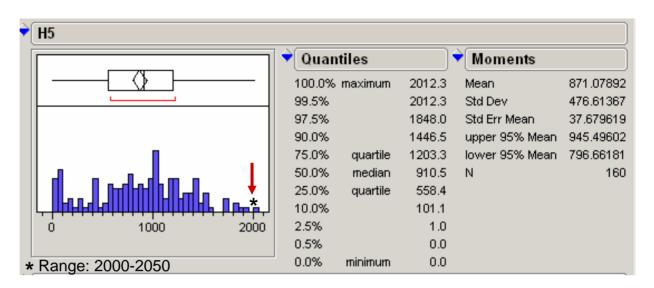


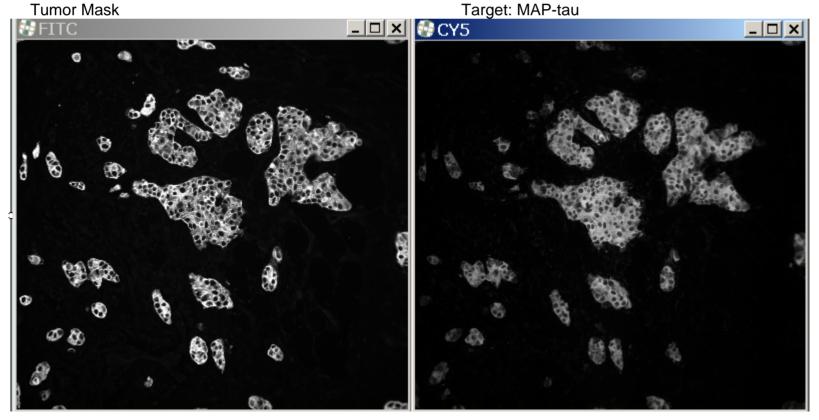


Case: H5.4

AQUA

Score: 2012.27

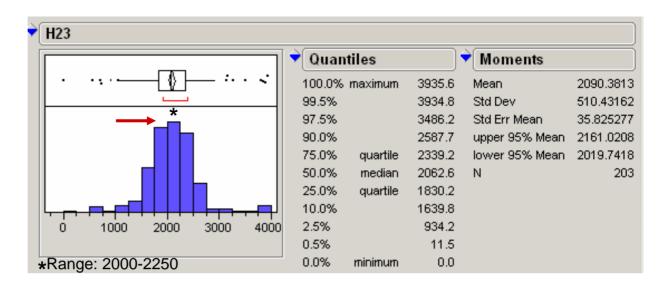


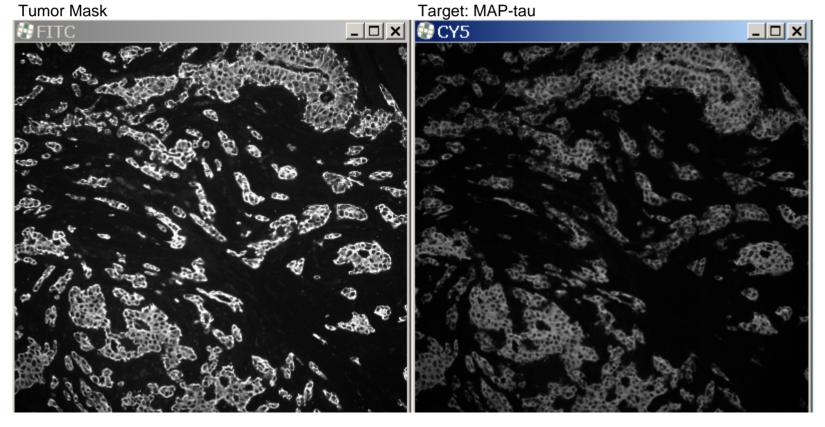


Case: H23.5

AQUA

Score: 2239.94

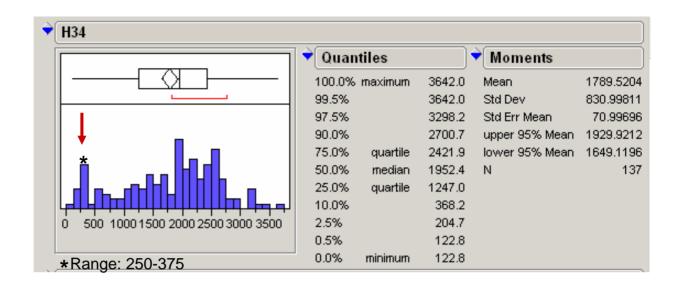


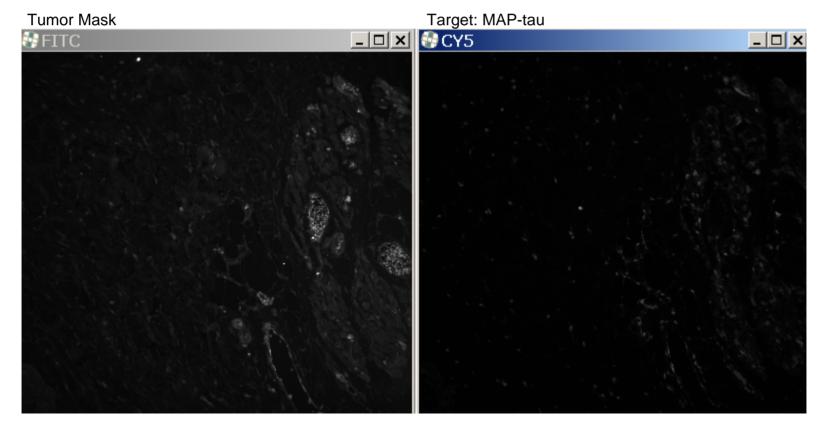


Case: H34.6

AQUA

Score: 277.46

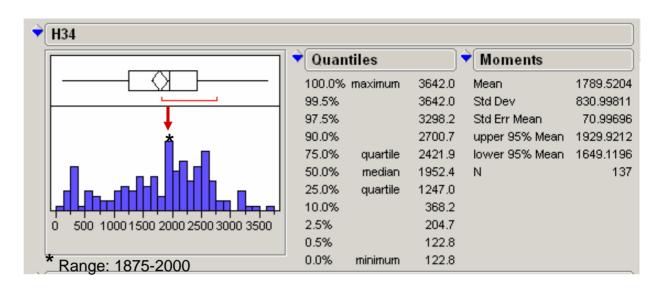


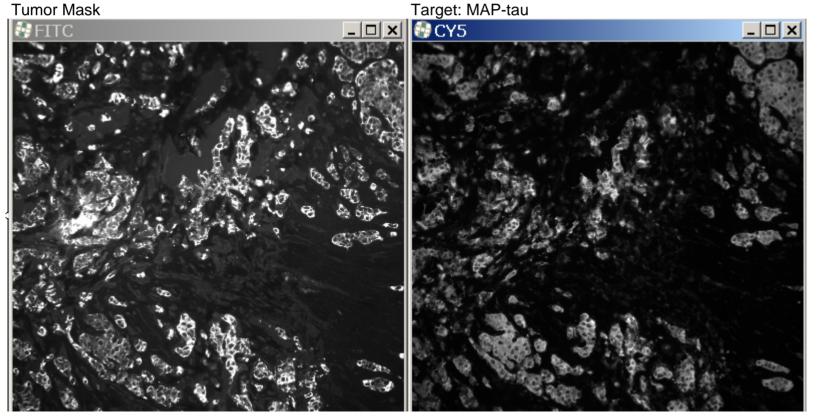


Case: H34.7

AQUA

Score: 1997.81

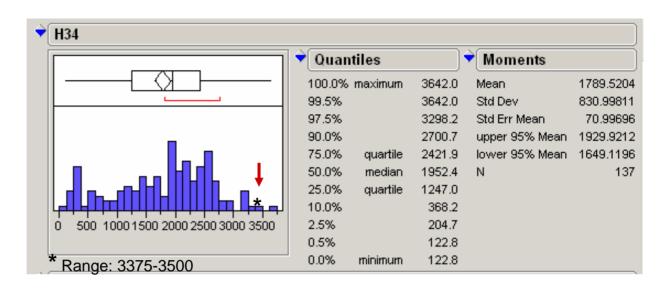


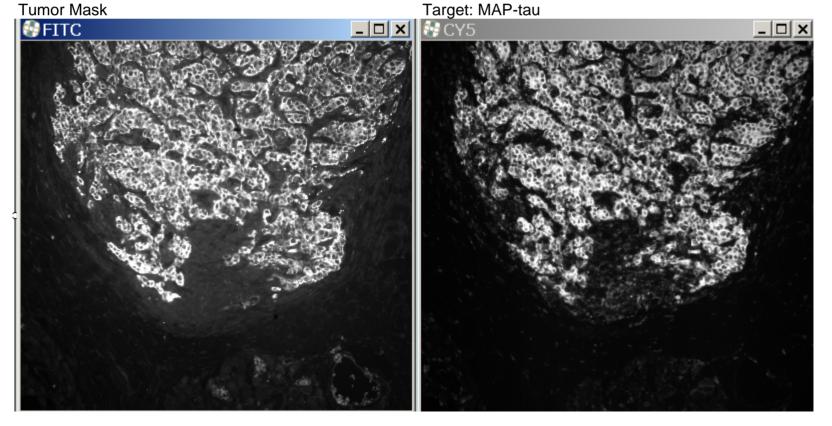


Case: H34.8

AQUA

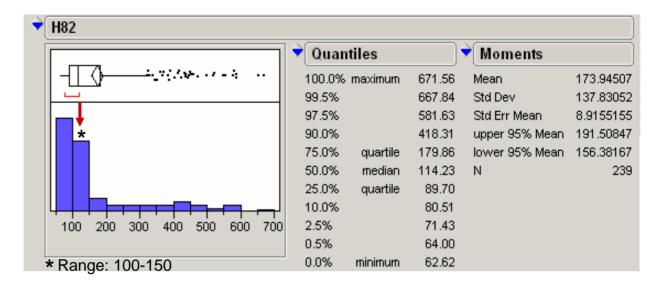
Score: 3376.37

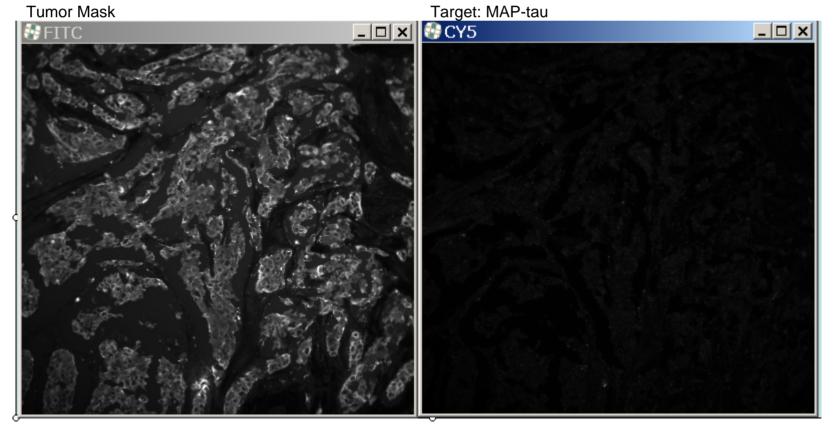




Case: H82.9

AQUA Score: 105.16

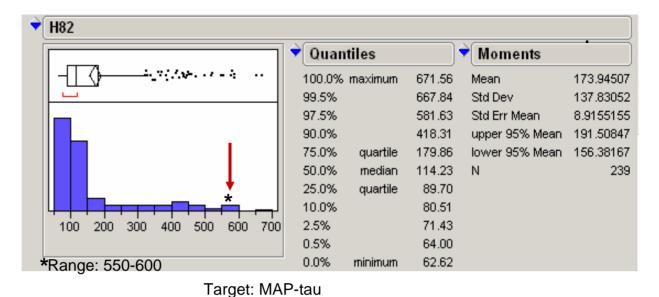




Case: H82.10

AQUA

Score: 587.53



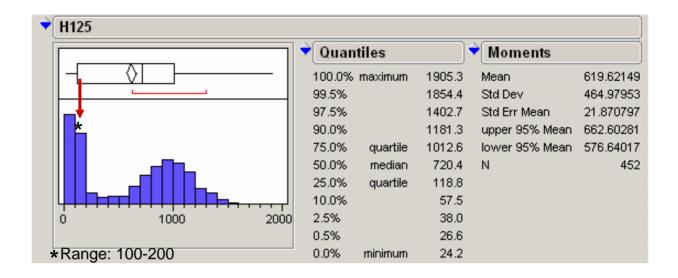
Tumor Mask

FITC CY5 _ | D | X |

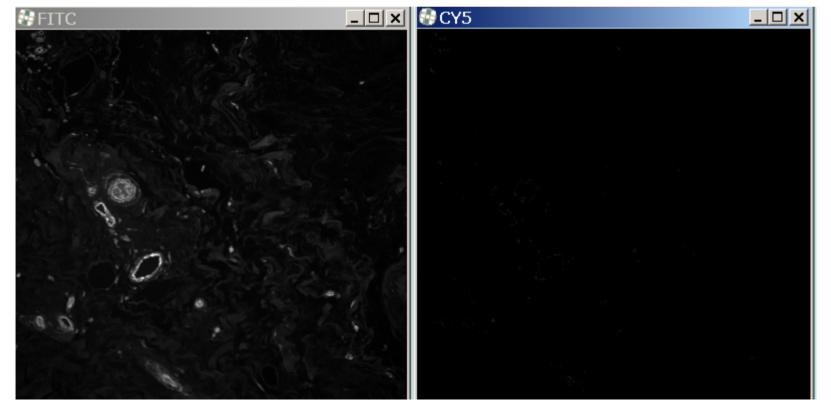
Case: H125.11

AQUA Score: 1

106.12

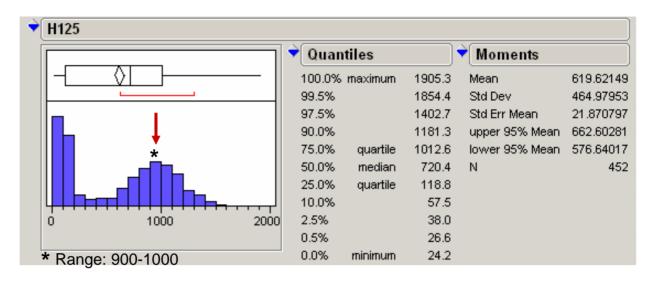


Tumor Mask Target: MAP-tau

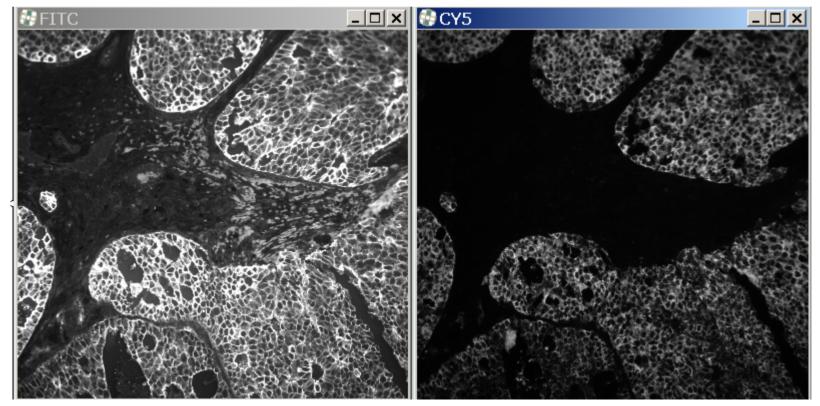


Case: H125.12

AQUA Score: 973.06

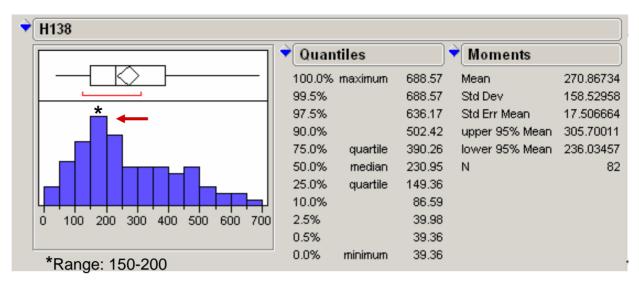


Tumor Mask: Target: MAP-tau

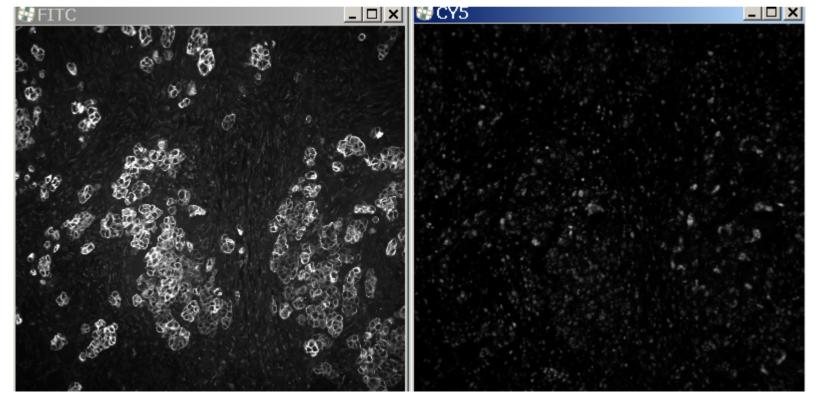


Case: H138.13

AQUA Score: 173.79

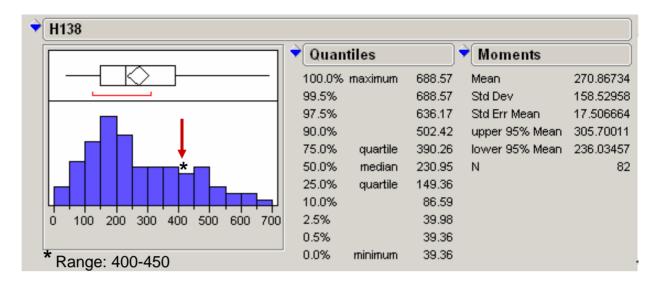


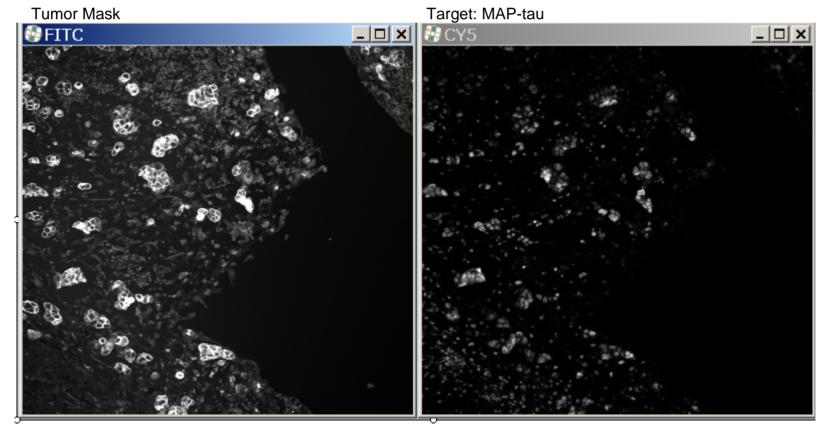
Tumor Mask Target: MAP-tau



Case: H138.14

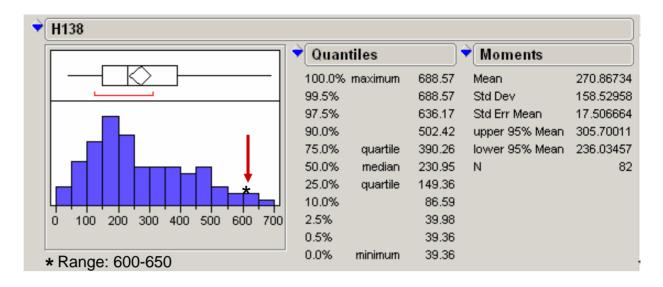
AQUA Score: 426.82

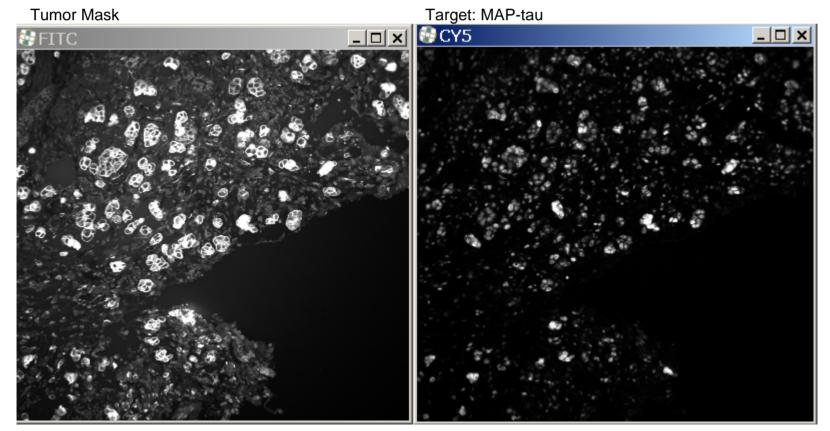




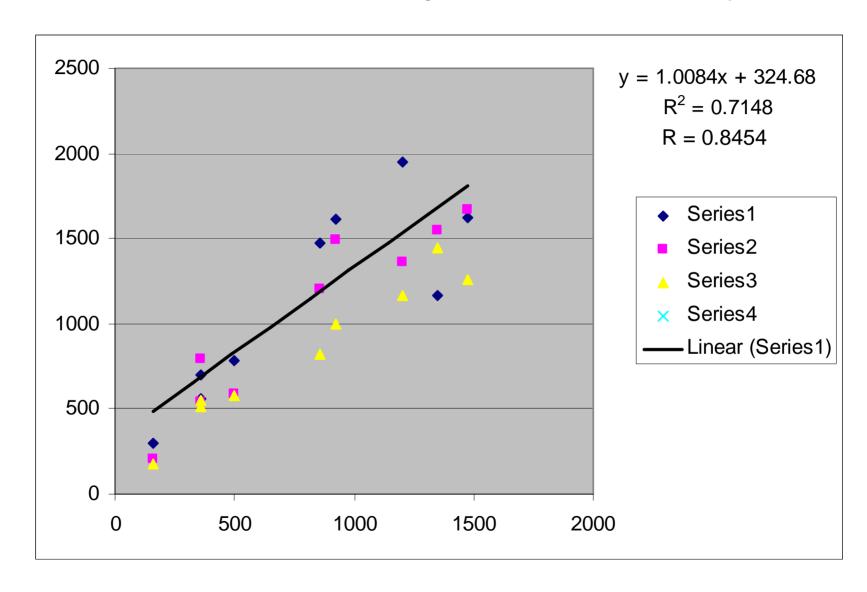
Case: H138.16

AQUA Score: 619.50

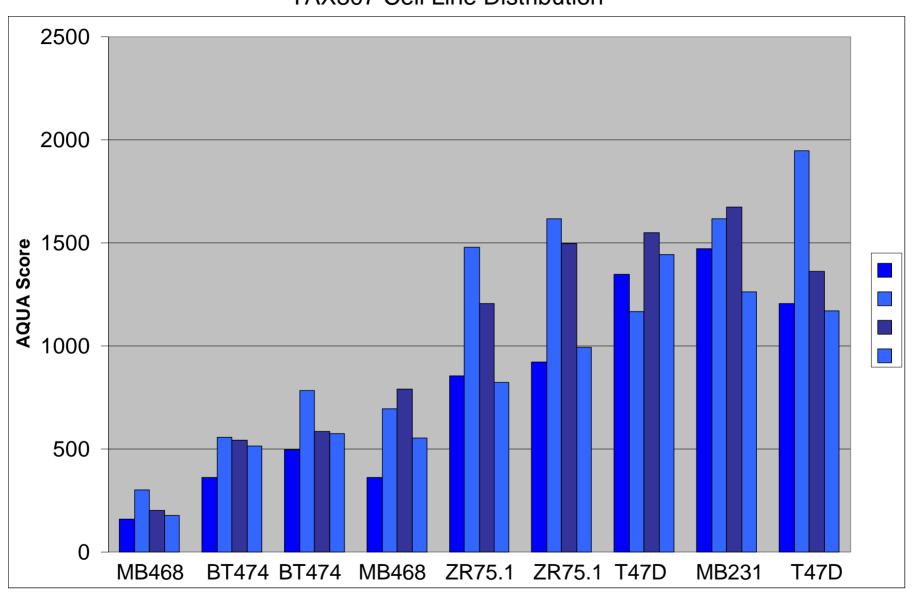




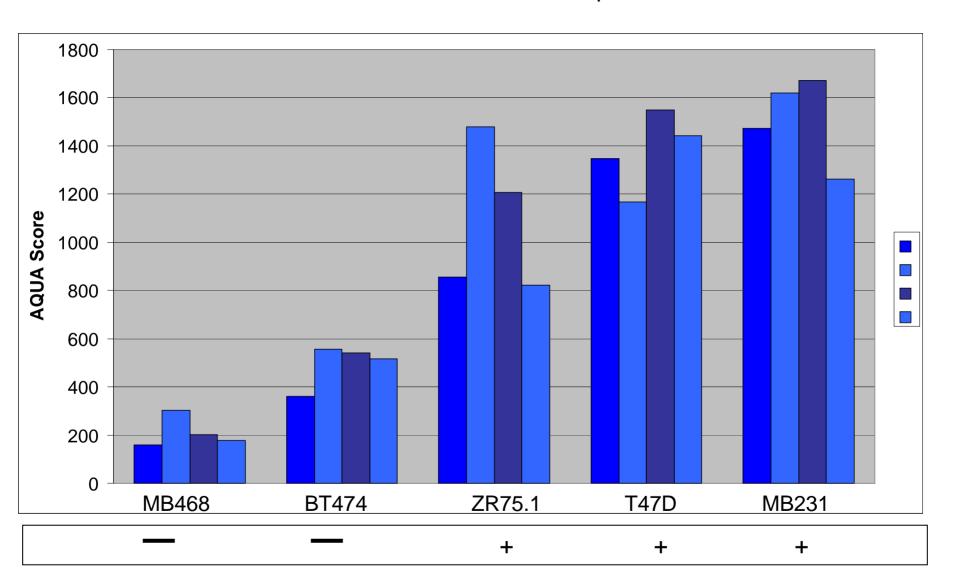
TAX307 Cell Line AQUA Score Regression for YTMA 94-1 Arrays



TAX307 Cell Line Distribution



TAX307 Cell Line Distribution Grouped



TAX307 Cell Line AQUA Score Regression for YTMA 94-1 Arrays

